



RELEASE FORM

Name: _____

Date of Birth: _____

Emergency Contact: _____

Emergency Contact Relation: _____

Emergency Contact Phone #: _____

Do you have any known allergies (foods, other)?:

No _____ Yes _____ List: _____

Do you have any health concerns that should be known to staff?

No _____ Yes _____ List: _____

MEDICAL RELEASE

This medical questionnaire is correct and complete to the best of my knowledge, and I am able to engage in all activities during the Wild Outdoor Women event, unless otherwise noted. I represent that I am in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being injured during any program participation. I give consent for the Warren County Conservation Board event staff to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

LIABILITY RELEASE

If I am injured or suffer any illness while residing at and participating in the programs at the Wild Outdoor Women event, I agree to hold the WCCB, and other supporting organizations harmless of any said illness or injury. I further understand and agree to abide by the general rules of conduct prescribed for the guests of the workshop, and that violations may result in denial of privileges, forfeiture of all fees paid, charges to repair damages, dismissal from the event, and/or removal from the property.

PHOTO RELEASE

Yes _____ No _____ I give permission for photographs, digital images, or videos to be taken of me while participating in the Warren County Conservation Wild Outdoor Women event. Photos from the event can be sent to you & may be used for marketing purposes for future WCCB events.

I have read this release and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing at and participating in the programs of the Warren County Conservation Board.

Signature of Participant: _____ Date: _____

*Signature of Parent/Guardian: _____ Date: _____

*(if minor)



REGISTRATION FORM

REGISTRATION & PAYMENT DEADLINE: MAY 25, 2026

Name _____

Address _____

Phone # _____

E-mail _____

Session (write session letter in blank)

1st Choice

2nd Choice

One (A, B, or C) _____

Two (D, E, or F) _____

Three (G, H, or I) _____

Are you attending Friday night?

Yes/No

Do you need a tent for Friday?

Yes/No

Do you have dietary restrictions?

Yes/No

Dietary Comments: _____

PLEASE RETURN WITH PAYMENT TO RESERVE YOUR SPOT

REGISTRATION FEE IS \$75

TO PAY ONLINE VISIT

WWW.MYCOUNTYPARKS.COM/COUNTY/WARREN/EVENTS

OR MAKE CHECKS TO WCCB

PAYMENTS ARE NONREFUNDABLE

MAIL TO:

WARREN COUNTY CONSERVATION

15565 118TH AVENUE

OR EMAIL [KELSEYL@WARRENCOUNTYIA.ORG](mailto:kelseyL@warrencountyia.org)