

**Client Registration Form / Please Print**



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth /Age (optional): \_\_\_\_\_

Why are you attending the Women's Weekend? What activities are you most looking forward to?

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How did you hear about this event?

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**Medical Information Form / Please Print**



Clients Full Name

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Please disclose any allergies or medical information including food allergies, gluten free. Please let us know of any specific dietary needs - vegetarian or vegan:

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List any medical conditions including anxiety / fears / phobias / etc. that we should know about:

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Emergency Contact Person: \_\_\_\_\_

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Phone # \_\_\_\_\_

Comments:

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**Waiver Form / Please Print & Sign Below**



**Agreements of Release and Indemnity**

You are required to read the following information carefully and make sure that you understand it fully, then sign this waiver before participating in this Women's Weekend.

I agree as follows:

I \_\_\_\_\_ assume all financial responsibility for any injury in any way related to the this Women's Weekend and associated activities. I agree to hold harmless Hilltown Sleddogs / Marla Brodsky / and its personnel assisting in activities ("Released Parties") from any and all claims, by whomever they may be brought, and including claims of negligence, which are in any way connected with my participation in associated activities.

I hereby grant permission for Hilltown Sleddogs / Marla Brodsky / and it's personnel for emergency treatment by a rescuse squad, private phsician, and / or hospital or emergency health care facility staff, if needed.

I HAVE READ HIS DOCUMENT CAREFULLY, AND UNDERSTAND THAT BY SIGNING IT I SURRENDER CERTAIN RIGHTS FOR MYSELF AS A PARTICIPANT.

**Please Print**

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTO / MEDIA RELEASE**

Photographs and Videos: Hilltown Sleddogs occasionally photographs or videos activities during the course of an event.



**Please Print**

Full Name: \_\_\_\_\_

**Photo / Media Relases: I give Hilltown Sleddogs permission for photographs / videos to be taken while participating in the Hilltown Sleddogs Women's Weekend. They will be used in marketing / public relations material in the promotion of Camp / Retreat of related events.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Download ALL Forms, Print & Fill it out completely, then mail to Hilltown Sleddogs P.O. Box 25 West Chesterfield, MA 01084**