

ALW
Roots and Remembrance 2006
An Environmental Weekend Experience
May 4-7, 2006
Kentucky

REGISTRATION FORM

Family Name _____

Address _____

Phone Number(s) _____

E-Mail Address _____

Names and Tee-Shirt Sizes of All Participants in Your Family (Please list ages of children 11 and under):

_____ We will be lodging with ALW **OR** _____ We will be lodging/camping off site

Does anyone in your family have special dietary needs (i.e., are you a vegetarian, are you allergic to milk products, etc.)? Please note that information here:

Does anyone in your family have special lodging needs (i.e., wheelchair accessibility, no stairs, etc.)? Please note that information here:

(Side 2)

FAMILY NAME _____

In case of emergency, please give us the name and phone number of a contact person.
Please state this person's relationship to you:

EMERGENCY CONTACT

Your family's health insurance carrier/policy number:

HEALTH INSURANCE INFORMATION

Automobile Make & Model, License Plate Number of the vehicle you will be driving:

AUTO INFORMATION

(Side 3)

WAIVER: I fully understand and agree that ALW, KFTC, Daniel Boone National Forest, Kentucky Music Hall of Fame and Museum, MTR Road Show, the city of Renfro Valley and anyone else involved in planning and facilitating the weekend experience May 4-7, 2006, will **NOT** be held responsible or liable in the event of any accident resulting in personal injury and/or death to the person(s) listed on this registration form, or in the event of any damage to vehicle or personal property owned by said persons for the entire duration of the weekend. I further release ALW, and all those listed above, from any responsibility to provide insurance coverage for the person(s) listed on this form. I also release ALW and all those listed above, from any responsibility for the personal care and safety (beyond the reasonable measures that will automatically be provided by ALW and those listed above). By signing this form, I relinquish all rights to sue ALW and all those listed above in any of the above situations, should they take place.

I have read the waiver and have agreed to all its terms and conditions.

Signature

Printed Name/Date

I am enclosing a **FULL PAYMENT OF \$55 PER PERSON** for the ALW weekend experience. (Checks should be made payable to: A Lasting World) I understand that my full payment will be due on or before March 1, 2006.

Amount Enclosed _____ **Check No.** _____ **Date** _____

_____ **I have sent my fees via Paypal.**

Please mail this form and your payment(s) to:

**A Lasting World (ALW)
Roots & Remembrance 2006
P.O. Box 1824
Crystal Lake, Illinois 60039-1824**

Questions? Call us at 630-917-3912 or 630-430-2296

