

Workshop Registration/Release Form

In consideration of the acceptance of this registration I, intending to be legally bound, hereby for my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Interior Highlands Ancestral Lifeways Association, their representatives, successors and assigns for injuries incurred by me during or because of this event. I also release any and all photos, video or other media documentation to be used for promotional purposes by the hosting entities.

Name

Address

City, State

Zipcode

Phone

Email

*Signature*_____

(Signature of parent or legal guardian if under 18 years of age)

\$60/day, \$150/weekend

Total: \$_____

Mail Check or Money Order to:

IHALA

104 N. Arrowhead Rd.

Willard, MO 65781