



NATURAL SUSTAINABILITY
REGISTRATION FORM
Registration Deadline: May 18, 2021

Name: _____ Phone: _____
 Mailing Address: _____ City: _____
 Email: _____ State/Zip: _____

Names of All Attendees in Your Group

Registration Options			Cost per Person
<input type="checkbox"/>	Cordwood Building Part 1	Thu-Mon May 27-31	\$399
<input type="checkbox"/>	Cordwood Building Part 2	Fri & Sat June 4-5	\$299
<input type="checkbox"/>	Cordwood Building Part 1 and Part 2	May 27-31 June 4-5	\$628

Cost Worksheet:

<i>Price Per Person</i>	<i>X</i>	<i>Quantity</i>	<i>=</i>	<i>Subtotal</i>
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____

Total: _____

Housing Options:

Free Rustic Camping (tents / campers) Y / N

All others needing housing accommodations please call the Naturopathic Community Center (989) 317-4787 for other options.

Make check payable to:
Naturopathic Community Center
 and with signed registration form (see back) to:

NCC / Natural Sustainability Seminars
 503 E. Broadway Street
 Mt. Pleasant, MI 48858

If paying by credit card, please click [here](#) for registration and payment information.



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH EVENTS AT THE SYMBIOSIS RANCH, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child/my own/the minor child for whom I am a legal guardian death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Symbiosis Ranch, the Naturopathic Institute of Therapies and Education, the Naturopathic Community Center, and Herbs etc and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise, sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with the event, including performances, games, challenges or other activities.

I acknowledge that the Symbiosis Ranch, the Naturopathic Institute of Therapies and Education, the Naturopathic Community Center, and Herbs Etc and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve risks including, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I also authorize the Naturopathic Community Center to use photos and videos of me for promotional purposes. If I am signing this in my capacity as the legal guardian of a minor child, I authorize the Naturopathic Community Center to use photos and videos of the minor child for promotional purposes.

I understand that activities, games and challenges have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/ the minor child for whom I am a legal guardian, participate in the programs and activities offered and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/ myself/the minor child for whom I am a legal guardian. Names and ages of all minor children for which you are legally responsible and include within this waiver of liability and assumption of risk, for participation in the activities:

Table with 4 columns: Name, Age, Name, Age. Two rows of blank lines for entry.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I also understand that I have read and agreed to the following conditions while staying on this property:

- I will not possess, provide means to, or distribute any controlled substances on the property or partake in the use of controlled substances before entering the property.
I will not possess, provide means to, or distribute alcohol or marijuana, or any derivatives of alcohol or marijuana, nor partake in the use of alcohol or marijuana before entering the property.
No smoking or alcohol use is allowed on any part of the property.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. (Must be signed by all adult participants)

printed name

printed name

signature

date

signature

date