



Registration Form for ABEE, Inc Open Enrollment Training Level 1 Certification

Date: June 12-16, 2017

Location: W6016 Blackhawk Road, Wautoma, WI 54982

Participant Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Cost:

_____ \$499.00 Level 1 Full High/Low Certification Training (Includes lodging and meals)

_____ \$399.00 Level 1 Full High/Low Certification Training (Does not include lodging)

Payment must be made before Open Enrollment date.

Cancellation Policy: Due to limited space, notice of cancellation must be received at least 7 days prior to scheduled training. Failure to do so will result in forfeiture of registration fee.

Please send check for Open Enrollment Trainings to:

Mt. Morris Camp & Conference Center

W6016 Chicago Road

Wautoma, WI 54982

(P): 920-787-2861 (F): 920-273-2213

(E): crystaladmasst@gmail.com or joyinthekitchen@gmail.com



A Full-Service Challenge Course Company

Ropes & Challenge Course Waiver Agreement Assuming Risk of Injury or Damage Waiver & Release of Claims & Indemnity Agreement

I, _____, age _____, have made a voluntary request to participate in the ABEE, Inc. Ropes and Challenge Program ("Program").

In consideration of ABEE, Inc. allowing me to participate in the Program I do hereby agree:

1. That I am aware that participating in the Program may be physically and emotionally demanding and dangerous and that I may be subject to personal injury, death, or damage to me or my property by participating in any way with the Program and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with the Program. The risks associated with participating with the Program include but are not limited to the following: cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, medical problems due to the challenging and physically demanding nature of the Program including heart problems, pregnant woman may place the mother and unborn children at risk, falls and other unpredictable risks. **I WILL NOT PARTICIPATE IF I HAVE A MEDICAL CONDITION THAT MAKES ME MORE SUSCEPTIBLE TO INJURY.**
2. That ABEE, Inc. its sureties and insurers, all personnel of ABEE, Inc., and each of them, shall not be held responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while participating in any way with the Program.
3. FOR MYSELF, MY HEIRS, MY EXECUTORS, ADMINISTRATORS, AND ASSIGNS, DO RELEASE, INDEMNIFY, PROTECT, DEFEND, AND HOLD ABEE, INC., AND ALL OFFICERS, OWNERS, EMPLOYEES, SUPERVISORS, VOLUNTEERS, AND OTHERS EMPLOYED OR PROVIDING SERVICE FOR ABEE, INC. HARMLESS FROM ALL LIABILITY, OBLIGATIONS, LOSSES, CLAIMS, DEMANDS, DAMAGES, ACTIONS, SUITS, PROCEEDINGS, COSTS, AND EXPENSES, INCLUDING ATTORNEY'S FEES, OF ANY KIND OR NATURE WHATSOEVER, WHETHER SUFFERED, MADE, INSTITUTED, OR ASSERTED BY ME, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, OR BY ANY OTHER ENTITY, PARTY, OR PERSON FOR ANY PERSONAL INJURY TO OR DEATH OF ANY PERSON OR PERSONS FOR ANY LOSS, DAMAGE, OR DESTRUCTION OF ANY PROPERTY, ARISING OUT OF, CONNECTED WITH, OR RESULTING DIRECTLY OR INDIRECTLY FROM MY PARTICIPATION IN THE PROGRAM AND WHICH ARISES BY REASON OF ANY ACTUAL OR CLAIMS OF NEGLIGENT OR WRONGFUL ACT OR OMISSION OF MINE THAT OCCURS WHILE PARTICIPATING IN THE PROGRAM. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the Program.
4. That I understand that ABEE, Inc. has the right to deny participation and that it is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff/instructors. If I do not understand specific instructions from the staff/instructor at any time I realize it is my responsibility to ask for clarity and/or assistance.
5. I authorize the leader of the activities to secure such medical advice and services as deemed necessary for my health and safety and agree to accept financial responsibility. I give my consent to the instructors or other medical personnel to treat me in a medical situation.

If any provision of this waiver shall be deemed unenforceable by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect as if the unenforceable provision does not exist. I have carefully read this Waiver and Release and fully understand its contents. I am aware that by signing this Waiver and Release, I am waiving substantive legal rights and knowing this, I sign it of my own free will. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Participant Signature _____

Date _____

Phone: 800-273-7172 Fax: 920-474-3902 Online: ABEEinc.com