



INTERPRETIVE PROGRAMS - ADULT

State Form 55267 (5-13)
DEPARTMENT OF NATURAL RESOURCES

Adult registration form	Name of program
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We strive to provide the best experience possible for each person attending Indiana Department of Natural Resources ("DNR") programs. By providing the following information, you are helping us to better prepare for you.

Printed name	
E-mail address	
Address (number and street, city, state, and ZIP code)	
Primary contact number ()	Secondary contact number ()
Additional participant information pertaining to specific event: <i>(Please check event flyer.)</i> ----- 	
Allergies / medical / behavioral or physical limitations we should know: ----- 	
My physical condition is satisfactory to participate in this program; any medical concerns have been listed and explained above. I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician or hospital when deemed necessary to safeguard my health if I cannot provide authorization at the time. <i>Please initial here:</i> _____	
Media Release: Photos of adult and child participants are taken during program activities. These photos may be used in all State publications, including but not limited to: the property electronic media, newsletter, newspapers and other DNR promotional locations. <input type="checkbox"/> Check here <i>only</i> if you do not grant permission for photos to be used for publications.	

WAIVER AND RELEASE OF LIABILITY

The undersigned, for myself and my children, spouse, heirs, administrators, insurers and other legal representatives do hereby release and hold harmless the Indiana Department of Natural Resources and its officials, employees, agents, donors and volunteers from any and all claims, liability, and demands for any injury or loss or damage to personal property, which is incurred as a result of participation in the above referenced activities and program(s). I further understand that activities involve the risk of property damage, injury, or death and I agree to assume said risks being fully aware of the dangers posed by participation.

Signature	Date (month, day, year)
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