

Makin' the Stretch

"Training Today, Ready Tomorrow"

Last Name: _____

First Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Company: _____

In consideration of your permitting me to participate in this event, on behalf of myself, my heirs, executors, administrators, successors and assigns, I hereby waive and release COLONIAL PARK FIRE COMPANY NO. 1 of all rights and claims for damages which I may have against you or your assigns, Lower Paxton Township, in which the event occurs, or anyone connected with the event, their heirs, executors, administrators, successors, and assigns, for any and all injuries (including death) or illnesses which I may suffer as a result of taking part in the event. I grant my permission to use my name or any photos, audio or visual recording for any lawful purpose. The above participant is of legal age, i.e. 18 years of age or older. Minors are not permitted to participate in practical evolutions. I also understand that the COLONIAL PARK FIRE COMPANY NO 1 may cancel all or part of this conference without notice. Should a cancelation occur, the participant will be given a full refund. The participant may cancel the registration and receive a full refund up to July 15, 2017. From July 16, 2017 through August 16, 2017 the participant will receive 50% of the cost of the day being canceled refunded. After August 16, 2017 no refunds will be given for cancelations. By signing below, I fully understand the above and consent to these terms.

Signature _____

Date _____

Class Name

Friday September 22, 2017 Total \$

Saturday September 23, 2017 Total \$

Sunday September 24, 2017 Total \$

Subtotal \$

Payment Method:

Cash Check Credit Card - Complete the below information

Please make checks payable to COLONIAL PARK FIRE COMPANY. Credit Card transactions will be processed via PayPal.

Name on Credit Card:

Credit Card Type:

Credit Card Number:

Expiration Date:

Security Code:

Billing Zip Code:

Signature of Cardholder:

By signing above, I authorize the Colonial Park Fire Company to charge this credit card for the full amount of the registration. I agree to all terms and conditions set forth by the credit card company.

Please Return To:

Colonial Park Fire Company

433 South Houcks Road

Harrisburg, PA 17109