

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 cancellation occur, the participant will be given a full refund or placed into another class. The participant may cancel the registration and receive a full refund up to September 16, 2018. From September 17, 2018 through October 11, 2018 the participant will receive 50% of the cost of the day being canceled refunded. After October 11, 2018 no refunds will be given for cancellations. By signing below, I fully understand the above and consent to these terms.

Signature _____

Date _____

Class Name

Friday October 19, 2018	Total	\$	_____	_____
Saturday October 20, 2018	Total	\$	_____	_____
Sunday October 21, 2018	Total	\$	_____	_____
	Subtotal	\$	_____	_____

Payment Method:

Cash Check Credit Card - Complete the below information

Please make checks payable to COLONIAL PARK FIRE COMPANY.

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