



Registration Form

You may print this page and mail it in with your check for the full amount.
Program fees cover costs for lodging, meals, and materials unless otherwise noted.

Program Title _____ Program Dates _____

Name _____

Organization/School (if applicable) _____

Address _____ Is this home or office

City _____ State _____ Zip _____

Phone (_____) _____ Is this home office or cell

E-mail _____

Please sign me up for Tremont's email newsletter (Tremont eNews).

Male ___ Female ___ Date of birth ____ / ____ / _____

How did you hear about this program? _____

Full payment is required to register.

I would like to help Tremont with my tax-deductible contribution:

Financial Aid Fund: \$ _____ Annual Fund: \$ _____

Program Fee + Contribution = **Total Amount enclosed:** \$ _____ Check # _____

Cancellations received up to two weeks prior to the program start date will be refunded in full, minus a \$50 processing fee per person.

I am interested in tenting (option available for most adult workshops).

GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT
9275 Tremont Road
Townsend, TN 37882
Phone: 865-448-6709
www.gsmit.org ~ mail@gsmit.org



Workshop Health & Waiver

Please complete one form for each person attending.

Return to:

GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT
9275 Tremont Road, Townsend, TN 37882
Fax: 865-448-9250 Email: mail@gsmmit.org

This form must be completed, signed, and submitted to us 2 weeks prior to the start date of the program. Please print clearly in black ink.

PROGRAM _____ PROGRAM DATES _____

NAME (FIRST & LAST as you want it to appear on your name tag) _____

Tremont wants every person to be able to have a rewarding experience and participate in physically demanding activities. If you have any **medical condition** which might limit your ability to enjoy all that Tremont has to offer, we urge you to let us know as soon as possible so that we can discuss whether there are reasonable ways in which we can modify our programs and activities to provide you with a safe and enjoyable experience.

Do you have any dietary limitations?

Please share the following information to help us apply for grants. All information will remain confidential.

Male _____ Female _____ Age _____ Birthdate ____/____/____ Race _____

Whom should we notify in case of an accident or medical emergency during your stay?

NAME _____

RELATIONSHIP _____ PHONE (_____) _____ - _____

I, the undersigned, agree to indemnify and hold harmless GSMIT from all claims, damages, losses, injuries and expenses arising out of, or resulting from, my presence or participation in activities or programs of GSMIT. I further agree not to sue or assert any claim for damages from GSMIT, regardless of whether such claim is for personal injuries or property damage.

I am familiar with the activities in which a participant of GSMIT will engage and I am physically capable of participating in such activities.

In the event of an emergency, I understand that prompt medical treatment may be necessary. I agree and hereby authorize employees of GSMIT to obtain medical treatment on my behalf. I release GSMIT from liability for such treatment and agree to assume the risk and financial responsibility for such treatment.

I, the undersigned authorize GSMIT to use any and all images of the undersigned, taken by any means in any media, by GSMIT staff, volunteer, or adjunct faculty during any GSMIT program or activity. For any of the aforementioned images, the undersigned hereby transfers any and all intellectual property rights, including copyrights, worldwide, to GSMIT. In addition, for any creative work or inventive concept, the undersigned hereby transfers any and all intellectual property rights, worldwide to GSMIT. All of the above referenced images, creative works, and/or inventive concepts become the sole property of GSMIT from the moment of conception and may be used in any appropriate way by GSMIT, including for advertising, educational or promotional use, without limitation and without any cost, royalty, payment or revenue due to undersigned whatsoever.

Signature (Parent's signature if minor)

Date