

## **Registration Form**

## You may print these 2 pages and mail them 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 $\square$ or office $\square$
City State	Zip
Phone ( )	Is this home $\square$ office $\square$ or cell $\square$
E-mail	
☐ Please sign me up for Tremont's em	ail 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-dedu	actible contribution:
Financial Aid Fund: \$ Endown	ment Fund: \$ Annual Fund: \$
Program Fee + Contribution = <b>Total Amou</b>	nt enclosed: \$ Check #
<b>Cancellations</b> received up to two weeks prior a \$50 processing fee per person.	to the program start date will be refunded in full, minus
☐ 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 <u>each</u> person attending.

Return to:

Great Smoky Mountains Institute at Tremont 9275 Tremont Road, Townsend, TN 37882 Fax: 865-448-9250 Email: mail@gsmit.org

This form must be completed, signed, and submitted with your registration form and check. Please print clearly in black ink.

PROGRAM	PROGRAM DATES
NAME (FIRST & LAST as you w	ant it to appear on your name tag)
activities. If you have any <b>medica</b> you to let us know as soon as possi	able to have a rewarding experience and participate in physically demanding <b>I condition</b> which might limit your ability to enjoy all that Tremont has to offer, we urge able so that we can discuss whether there are reasonable ways in which we can modify ride you with a safe and enjoyable experience.
Do you have any dietary limitation	s?
	tion to help us apply for grants. All information will remain confidential.
Male Age	e Birthdate / Race
Whom should we notify in case of	an accident or medical emergency during your stay?
NAME	
RELATIONSHIP	PHONE ()
expenses arising out of, or resulting not to sue or assert any claim for deproperty damage.  I am familiar with the actiparticipating in such activities.  In the event of an emerger authorize employees of GSMIT to treatment and agree to assume the I, the undersigned authorimedia, by GSMIT staff, volunteer, aforementioned images, the undersworldwide, to GSMIT. In addition intellectual property rights, worldwicencepts become the sole property	to indemnify and hold harmless GSMIT from all claims, damages, losses, injuries and g from, my presence or participation in activities or programs of GSMIT. I further agree amages from GSMIT, regardless of whether such claim is for personal injuries or ivities in which a participant of GSMIT will engage and I am physically capable of ncy, I understand that prompt medical treatment may be necessary. I agree and hereby obtain medical treatment on my behalf. I release GSMIT from liability for such risk and financial responsibility for such treatment.  Ze GSMIT to use any and all images of the undersigned, taken by any means in any or adjunct faculty during any GSMIT program or activity. For any of the signed hereby transfers any and all intellectual property rights, including copyrights, and for any creative work or inventive concept, the undersigned hereby transfers any and all vide to GSMIT. All of the above referenced images, creative works, and/or inventive of GSMIT from the moment of conception and may be used in any appropriate way by educational or promotional use, without limitation and without any cost, royalty, gned whatsoever.
	Signature (Parent's signature if minor)  Date