

REGISTRATION & WAIVER

(2016 MOCA Workshop)

Please Print - Last Name, First Name

This form may be returned via e-mail to couturejess@gmail.com or printed and mailed to Jessica Couture, 9 Couture Way, Waterville, ME 04901

I am registering to attend a gravestone preservation workshop that will be held in August 2016 at **Weld St. Cemetery AKA Wilton Old Town Cemetery, Wilton, ME.**

Complete Address (St., Town, State) _____

Representing a group/committee? Please specify: _____

E-Mail: _____

Phone(s): _____

Emergency Contact (one or more): Name, Address, Phone

Medical issues of which we should be aware:

While it is hoped that all able-bodied attendees will participate to the fullest extent possible during the workshop, registered observers are also welcome.

The workshop is scheduled from **9:00 am to 3:00 pm** each day.

I plan on attending:

_____ **Friday, Aug. 19, 2016** _____ **Saturday, Aug. 20, 2016**
_____ **Sunday, Aug. 21, 2016** _____ **Monday, Aug. 22, 2016**
_____ **I plan to observe, not participate.** _____ **I won't be attending but will make a donation.**

To help defray the cost of this workshop and similar workshops

I will be donating: \$ _____ Checks should be payable to **MOCA**

You may wish to attend more days than checked once you've discovered what great hands-on skills you are learning and, if so, you may make an additional donation at the time of the workshop.

WAIVER: By registering via this form, you agree to the terms of the waiver.

I agree and acknowledge that I am participating of my own free will and I am fully aware that possible physical injury may occur to me as a result of my participation in this event. I agree to hold the Maine Old Cemetery Association, volunteers, and instructors harmless from all liability resulting from any personal injuries sustained by me or for any damage to my personal equipment and/or automobile during the time-period of this workshop/project. I acknowledge that I am able to participate in this project and that I do hereby assume responsibility for my own well being.

Signed: _____ Date: _____