

Midsummer Gather Registration Form, June 20th - 27st, 2010

Mother of the Land

Legal Name: _____ Name you wish to be known by: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Secondary phone: _____ E-Mail: _____

I am a Merchant and would like to sell during this event. *[There are no additional fees for merchenting.]*

Name of business: _____ Type of Service: _____

I wish to run a workshop and/or ritual and/or I am an entertainer and wish to perform during this event.

Please be specific: _____

I am interested in car-pooling as a ___ driver ___ passenger. I would like more info about renting a cabin

- * Earth House Gathering reserves the right to refuse admittance to any person without explanation or justification.
- * No illegal or controlled substance use will be allowed.
- * No pets allowed except for certified assistance animals; if this applies, please let us know on your registration form.
- * No refunds will be given once your reservation has been confirmed.

Registration Fees

	Qty	Amount	Total
Adult Week (Su - Su)		\$130	\$
Adult Weekend (Th - Su)		\$85	\$
Adult Day Pass		\$30	\$
Youth Week [ages 5 - 15]		\$60 each, (must be with parent / guardian) Kids under 5 are Free	\$
Youth Weekend		\$40 (must be with parent / guardian)	\$
Youth Day Pass		\$25 (must be with parent / guardian)	\$

Free T-Shirt for full week adult registrations **

Indicate size(s):

___ M ___ L

___ XL ___ XXL

___ need larger size

**** Cannot guarantee t-shirt if your registration is received after May 1st, 2010**

Total Amount Due for Registration:

Deduct \$10 for each Earth House member. \$

Not a member but want to be? Just let us know! _____

Amount Enclosed OR

PayPal Online Payment \$

[For partial payments, let us know your payment plan!] _____

Remaining balance due postmarked by June 1, 2010

Payments are **not** refundable but are transferable. \$

Office Use Only:

Date Rec'd: _____ Pymt Amt \$ _____

Add'l Due: Y N Add'l Due \$ _____

Pymt Form: _____ Date Add'l Rec'd: _____

Mail completed forms and payment to:

Earth House Gathering

P.O. Box 141251

Minneapolis, MN 55414-9998

RELEASE OF LIABILITY

I, the undersigned for due and adequate consideration, receipt for which is hereby acknowledged, including permission and release for any minor child in my custody and control to participate in the Earth House Gathering, do hereby release Earth House Project Inc., the Earth House Gathering, and all officers, members, volunteers, representatives, agents and employees of that organization (hereinafter jointly referred as "Releasees") from all claims of any nature for injury to myself or any minor child over whom I have guardianship, custody or control whether caused by the negligence of any Releasee or not. I further agree to indemnify each, any and all Releasee(s) for any judgment or settlement amount, costs and/or expenses which result from any action brought against any Releasee as a result of injuries sustained by myself or any minor child over whom I have care guardianship, custody or control. Finally, I understand that this Release and Waiver is intended to protect the Releasees from personal liability in order that the possible threat of personal liability might not inhibit or prevent Releasees from offering the Earth House Gathering to adults or minor children.

Signature: _____ Date: _____
Participant or Parent/Legal Guardian

Legal names of minor children attending the Earth House Gathering with participant:

MEDICAL INFORMATION

NOTICE: We do NOT provide any medical services, but in case of emergency, please complete one form for each participant. Make additional copies or use additional pages as necessary.

In case of emergency, please notify: _____ Phone: (____) _____ - _____

Relationship: _____

Any medical conditions that you feel we should be aware of? Yes No

Please explain: _____

Any allergies? Yes No, if yes, does the allergy require immediate emergency response? Yes No

Please explain: _____

List all medications that you will be bringing with you and the doses taken:

List any medical devices and/or equipment you will be bringing with you:

*****Please retain a copy of this sheet to bring with you in the event we have not received one*****

In case of emergency, I understand that every effort will be made to consult with me or the responsible people as listed. In the event I am unable to respond, I hereby give my permission to the physician selected by an adult in charge of the event to secure proper treatment, including hospitalization, anesthesia, surgery, and injection of medication.

Date: _____ Signature: _____