

REGISTRATION Fall 2009 HAMMER-IN

Name _____ Phone () _____

Address _____ E-mail _____

City & State _____ Zip _____

- Enclosed is. 1) _____ \$195.00 Weekend package
 2) _____ \$110.00 Saturday package + _____ \$20.00 Sunday demo and lunch
 3) _____ \$75.00 Saturday demo and lunch + _____ \$20.00 Sunday demo and lunch
 4) _____ \$60.00 Demo -No meals
 5) _____ \$10.00 Dues and newsletter, keeps you on the mailing list

Make checks payable to: Northeast Blacksmiths Association
 c/o Ashokan Center
 477 Beaverkill Rd.
 Olivebridge, NY 12461

**Please check box if you would like to participate
in the "Hands On Forging" activity**

Special Dietary Needs: Vegetarian _____ No Red Meat _____

Personal Release Form
 (Please read carefully and sign)

I acknowledge that the blacksmithing activity I am about to participate in is a potentially dangerous activity. I understand that the activity has been organized and is being led by private individuals working as unpaid volunteers, and is not a program of the Ashokan Center. I take full responsibilities for my health, well-being, behavior, and experience during this activity. I agree to exercise appropriate care and awareness during the activity and accept this as my responsibility in consideration for permission to participate. I agree to wear appropriate protective clothing and footwear, and will use protective eyewear at all times while in and near the activity area.

I understand and assume the risk and responsibility for any injuries or damages suffered by me arising out of my participation in this event, and any costs I may incur associated with such injuries or damages, or otherwise incurred on my behalf in the furtherance of my well-being or safety.

I release from any liability and surrender all rights to make a claim against the Ashokan Foundation, Inc., the Ashokan Center, Inc., the staff of the Ashokan Center, the members and officers of the Northeast Blacksmiths Association and the persons who are facilitating the event and other participants in the event, as a result of any injury, damage, death, or any other loss suffered by me. This includes any claims resulting from negligence (but not its willful or wanton misconduct) on the part of the property owners or staff of the Ashokan Center.

I have read and understand and agree to the above statements.

Signature: _____ Date: _____

Printed Name: _____

In the event of an emergency I request and give permission to the organizers to contact the person listed below and to secure appropriate treatment at my own expense.

Name (please print) _____

Telephone number: _____

Ashokan Center
477 Beaverkill Road
Olivebridge, N.Y. 12461

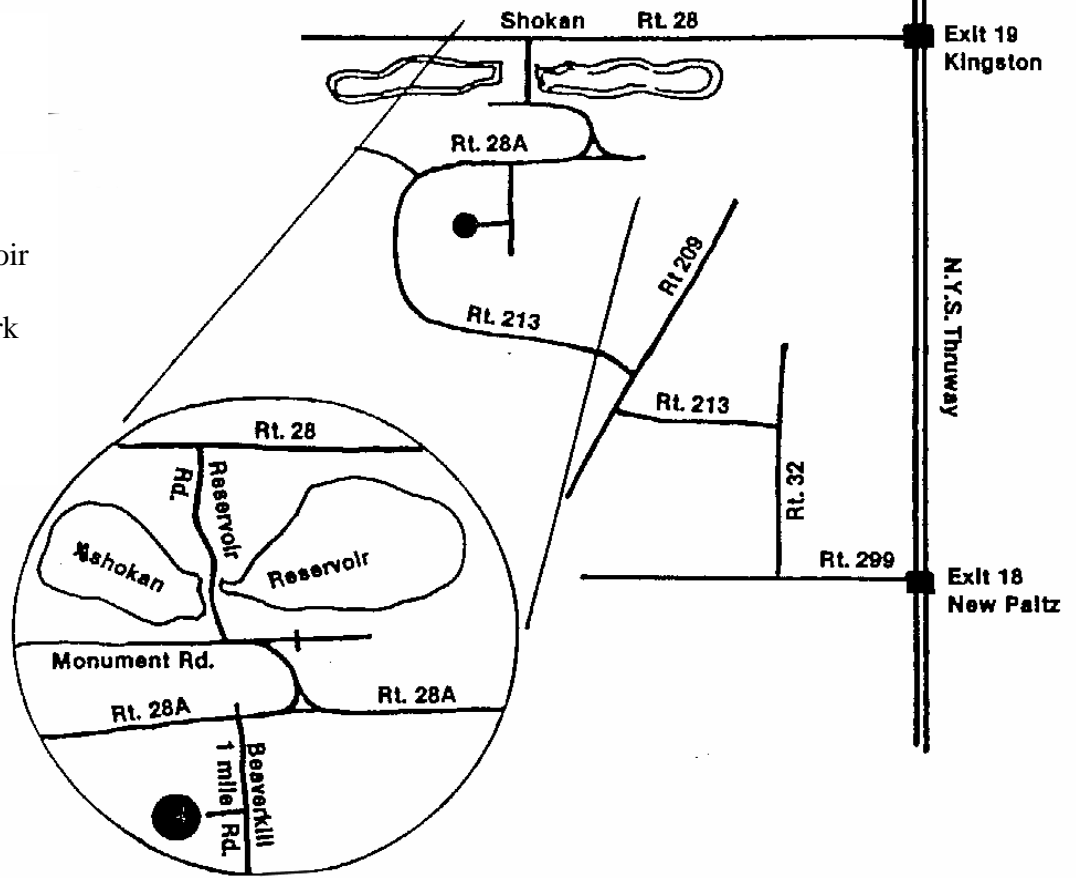
Location :

Beaverkill Road
near the Ashokan Reservoir
Town of Olive
Ulster County, New York

Telephone:

(845) 657 - 8333

<http://www.ashokancenter.org/>



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