

12398 Platten Rd., Lyndonville, NY 14098 716-628-8226 • BMEwald@LakeshoreNatureTours.com

DAY TOUR REGISTRATION FORM

TOUR INFORMATION

TOURINFORMATION	
Tour Name:	
Tour Date:	
PARTICIPANT INFORMATION	
(1) Name:	
(2) Name:	
Address:	City:
State or Province:	Zip or Postal Code:
Phone:	E-Mail:
Emergency Contact:	Relationship: Phone:
respective properties, assets and interests demands, rights, damages, costs, losses, lia and liens whatsoever, on account of, or in loss of life or personal injury, loss or dar form, incident to, in connection with, or ar my/our intention that this release and inde extent allowed by law, regardless of wheth released parties, regardless of the degree of	
relating to the subject matter hereof. Its to assigns. If any provision of this Release ar against public policy, that provision shall be and shall not affect the remaining provision Indemnity Agreement are contractual and no	
I have read the foregoing Release and Inde to be bound by the Release and Indemnity	emnity Agreement, understand the Release and Indemnity Agreement, and agree Agreement.
Signature of Registrant:	Date:
Signature of Registrant:	Date: