Izaak Walton League of America
Tiny Ikes Program Registration Form

To register: Complete this registration form and attach a check made out to the Izaak Walton League of America. Mail your form and check to: Izaak Walton League, 707 Conservation Lane, Gaithersburg, MD 20878, Attn: Rebecca Wadler.

Registration is provided on a first come, first served basis and there are no refunds unless the program is cancelled. Each session will be held rain or shine.

Please indicate which session(s) you would like to attend and how many children will attend each session.

__ May 20: Explore Nature ● 1:30-2:30pm Number of children: _____

__ May 22: Art and Nature ● 10:00-11:00am Number of children: _____

__ June 20: Meet Your Wild Neighbors ● 10:00-11:00am Number of children: _____

__ June 30: Sound, Music, and Nature ● 10:00am-11:00am Number of children: _____

Cost Per Session: $8 per child for IWLA members; $10 per child for non-members

Total Enclosed: $_____

Name: _____

IWLA ID Number (if applicable): _____

Address: _____

Phone: _____ E-mail: _____

Name of Child: _____Age: _____

Name of Child: _____Age: _____

Release

I hereby agree that I, and anyone else claiming through me, will not make a claim against the Izaak Walton League of America, any of its affiliated and partner organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used for Tiny Ikes, or any of the volunteer workers, for the injury or death to me or my family members or damage to my property, however caused, arising from my participation in Tiny Ikes. I understand that this release is intended to be broad in its effect. I understand hereby agree to accept any and all risks of injury, illness or death in connection with my participation in Tiny Ikes. I have carefully read this assumption of risk and general liability release agreement, and I fully understand its contents. I understand and am aware that this is a release of liability and a legal contract between me and the Izaak Walton League of America and that it affects my legal rights. I am signing this document of my own free will. I further consent to the unrestricted use by the Izaak Walton League of America and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me and/or my family members.

I have the legal right to consent to and do consent to the terms and conditions of this release.

Signature: _____ Date: _____

How did you hear about this program? _____