2023 Highpointers Konvention

Helen, Georgia USA

REGISTRATION FORM - July 20-23, 2023

Circle conventions attended. 1980s: MI AZ 2000s: HI MD OK IL WA NH NC WI AZ N 2020s: PA							
Name		T-shirt Size					
# of State Highpoints Completed (include							
Street address							
CityState	Zip	Ce	ell				
Use this form for everyone in your group and note age of all children (use additional forms if needed) Indicate T-shirt size as: CHILD: C-XS, C-S, C-M, C-L ADULT: A-S, A-M, A-L, A-XXL							
Name	Age	_ T-shirt size	# of Highpoints				
Name	Age	T-shirt size	# of Highpoints				
Name	Age	T-shirt size	# of Highpoints				
Name	Age	T-shirt size	# of Highpoints				
Konvention Fee: each T-shirt included \$120.00 x = \$							
Please make your check payable to "Highpointers Club" and mail it with this form to:							
Highpointers Club - GA2023 Konventio 2737 Kentwood Ave SW Grandville, MI 49418	n						
For questions, contact hosts Tony Cobb a	and Amy C	ashen at <u>konven</u>	tionga2023@gmail.com				
To anticipate our food/ service needs plea	ase indicat	e how many in yo	our group will attend:				
Thu July 20 Liars Club Social Fri July 21 Continental Breakfast Fri July 21 Evening Social Sat July 22 Unicoi Breakfast Sat July 22 Pizza Picnic & Watermelon Fe Sat July 22 Banquet Dinner			ndly campfire social				

Lodging: Unicoi State Park, use promo code 10095 - room rate \$179 Call: 706·878-2201; rooms blocked until June 23, 2023.

Highpointers Club Release of Liability

By signing below, I acknowledge that all activities sponsored or conduced by the Highpointers Club, a non-profit organization, may be hazardous and may result in loss, damage, or death.

With full knowledge of these dangers, and in consideration of my acceptance as a participant, and the services and amenities provided by the Highpointers Club in connection therewith, I confirm that I have read the foregoing and voluntarily assume all risks occurring in connection with the outing. I hereby agree for myself, all my family and heirs to RELEASE the Highpointers Club and any of its volunteers, employees, agents, leaders, instructors, guides, officers, directors, or representatives from liability, claims, demands, or any causes of action. I UNDERSTANDTHAT TIHS IS A LEGAL DOCUIMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE ANY CLAIM against the Highpointers Club or any of its volunteers, employees, agents, leaders, instructors, guides, officers, directors, or representatives which may arise during my participation in any activities of the Highpointers Club.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury, or death RESULTS FROM NEGLGENCE of the Highpointers Club or any of its volunteers, employees, agents, leaders, instructors, guides, officers, directors, or representatives. I understand that negligence means failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect himself, herself, or others from injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in the activities of the Highpointers Club. Also, I understand that on Highpointers Club trips there may not be rescue or medical facilities or expertise which may be necessary to deal with potential injuries to which I may be exposed. I understand that these risks exist and not withstanding them I wish to participate in Highpointers Club activities.

Please Print Clearly- List ALL Attendees-All Participants 18 Years of Age or Older MUST Sign

Please Print Name:		Date of Birth:	/	/	_
Signature:		Date:/	/		
Please Print Name:		Date of Birth:	/	/	_
Signature:		Date:/	/		
Please Print Name:		Date of Birth:		/	_
Signature:		Date:/			
Please Print Name:		Date of Birth:		/	_
Signature:		Date:/	/		
legal guardian of the above of the RELEASE on beha	AGE, PARENT OR GUARDIA oe minor(s) and have read the a of the named minor(s) and give all activities of the Highpointers	bove RELEASE. I here we my consent to the pa	by conse articipatio	ent to the ter	
Please Print Name:		Date of Birth:	/	/	_
Signature:		Date:/			

I HAVE READ THIS RELEASE AND HAVE FULLY INFORMED MYSELF OF ITS CONTENT BEFORE I SIGNED IT.