

Finger Lakes Trail Conference

2017 Cross-County Hike Series Registration

Name(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Preferred way to communicate with you? _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (friend or relative not hiking with you): _____ Telephone: _____

Check Anticipated Hiking Speed: Fast ___ Medium-Fast ___ Medium ___ Medium-Slow ___ Slow ___

This is my first cross-county hike series - Yes ___ No ___

- Cost per Member registrant: \$85 per Adult, \$65 per child under 18 with an adult. Registration \$ _____
- Cost for Non-Member registrant: \$125 per Adult, \$65 per child under 18 with an adult. Registration \$ _____
- End of Hike Celebration (optional) – cost per person \$25 Celebration \$ _____
- I am not an FLTC member, but would like to join at a discounted rate of \$30 (individual) or \$40 (for a household) (membership through 3/31/18) **(New members only; not to be used for renewals)** Membership \$ _____

Pre-Order Merchandise (tax included)

- ___ set(s) of **4 FLT Maps** (M30-M33) for this hike series @ \$9.50 per set Maps \$ _____
 - **Pint Glass** ___ set of 2; **Wine Glass** ___ set of 2 @ \$9.50 per set Glasses \$ _____
 - **Lime Green Hike T-Shirt (cool and dry)**
 - **T-Shirt:** Small ladies (\$17) ___ Small men (\$17) ___ Medium ladies (\$17) ___ Medium men (\$17) Large ladies (\$17) ___ Large men (\$17) ___ XL ladies (\$17) ___ XL men (\$17) ___ T-Shirt \$ _____
- Total Amount Enclosed \$ _____**



Front of T-Shirt has the FLT Logo while the back of the T-Shirt reads "2017 Ulster County Hike"

Maps, glasses and T-Shirts given out at the beginning of the first hike.

This Form and Payment *MUST BE RECEIVED* by April 30, 2017

Please Read and Sign the Following Waiver:

Those persons enjoying the Finger Lakes Trail (FLT) and/or activities sponsored by the Finger Lakes Trail Conference (FLTC) or any clubs conducting activities on behalf of, or in support of the FLTC, accept full, personal responsibility for their own well-being, or, for the well-being of a minor when acting in the capacity of parent or guardian. Furthermore, users of the Finger Lakes Trail accept and understand that hiking is a rigorous activity often conducted in rugged, outdoor conditions subject to variations in weather and terrain that may involve the risk of injury or death, and that they are fully responsible for their own safety and for selecting activities consistent with their physical capabilities.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Please Read and Sign the Following Photo Release Form:

I, _____ hereby grant the Finger Lakes Trail Conference (FLTC) permission to use my name and/or likeness taken in any photograph or digital media in any of its promotions, publications, press releases, brochures, website or social media entries without payment or any other consideration for the following:

- () The 2017 Cross-County Hike Series
- () Until Further Notice

I understand and agree that any photograph or digital images are the property of the FLTC and hereby irrevocably authorize the FLTC to edit, publish, or distribute these for purposes of promoting or publicizing the Finger Lakes Trail. I waive the right to inspect or approve the finished product, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to use of these images.

I hereby hold harmless and release and forever discharge the FLTC from all claims, demands, and causes of action, which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have, or may have by reason of this authorization.

I am 21 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. If the person signing is under age 21, there must be consent by a parent or guardian.

Signature _____ Date _____

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) _____ Date _____

(Parent/Guardian's Name Printed)

Mail this form with your Check or Money Order made payable to Finger Lakes Trail Conference, Inc., 6111 Visitor Center Road, Mount Morris, NY 14510 (Also see our website www.FingerLakesTrail.org for online registration through PayPal.)

This Form and Payment *MUST BE RECEIVED* by April 30, 2017