



BELTZVILLE ON THE MOVE

October 8th, 2016 – December 31st, 2016

Registration and Release Form

- WHAT:** Beltzville on the Move is a local outdoor activities program sponsored by the Friends of Beltzville State Park. Awards will be given at the awards get together.
- WHERE:** The program's fourth quarter session will start October 8th, 2016. Join us for a Kick Off Event from 12:30pm - 3pm at the Environmental Ed Center at Beltzville State Park, to register and learn more about this program.
- WHY:** Designed to stimulate friendly competition among outdoor enthusiasts and allows participants to set personal goals and then strive to achieve those goals.
- HOW:** Fill out registration form below
1. Think about the different activities you would like to participate in and then set the goal (In total hours) for one, a few or all activities you'd like to do
 2. Complete Registration form
 3. **Bring or mail a check to the kickoff event \$5.00 Make checks payable to PPF and write FOBSP on the memo line.** Mail To: Friends of Beltzville State Park c/o Kevin Kitchoffer 395 Swamp Rd, Wind Gap, PA 18091
 4. Log your activity as you participate and we will update the log page.
 5. Follow your progress at: <http://botm.fobsp.org>
 6. Like us on Facebook: www.facebook.com/beltzvillestateparkfriends/

The program allows you to log the number of hours that you would like to accomplish while participating in different activities within or outside of Beltzville State Park

Name, First, Mi, Last: _____ Age: _____

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

Email Address: _____ Phone: _____ - _____ - _____

A Word To Participants: We would urge all participants when out on the trails whether in Beltzville or other places, and though all Beltzville trails are traveled quite a bit, we recommend that you tell someone where you're going and when you'll be back, especially if trekking alone. It is highly recommended that you carry some form of communication. Cell service is available most everywhere in the park. Even a twisted ankle or bump to the head from a fall can leave you unable to walk out on your own. Shock can set in quickly and even with what we think is the minutest of injuries.



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Participant Name: _____ Date of Birth: _____

Program or Event Title: _____

Date of Participation: _____

I, _____, wish to participate in _____. I understand that there are possible dangers associated with it, including, but not limited to, sun exposure, poisonous plants and animals, splinters, sprains and falls.

I hereby hold and release harmless the Pennsylvania Parks and Forests Foundation, their chapters, as well as the officers, directors, employees, and agents from any and all claims, demands, actions, and causes of action whatsoever on account of loss, damage or injury to person (including death), or to property suffered or incurred by me not arising from the gross negligence of above stated and otherwise regardless of the cause thereof in connection with the event or any aspect of it, including, but not limited to, any transportation arranged or provided for.

This release shall be binding upon me and my heirs, next of kin, executors, administrators, and assigns.

IN WITNESS THEREOF, I have duly executed this instrument as of the date listed below.

Participant Signature: _____

Print Name: _____

Complete Address: _____

Parents Signature if Participant Under 18: _____

Date: _____