

The Other Kind of Summer, Inc. Registration 2009

P.O. Box 111 Evanston, IL 60204-0111 • (847)571-4912 • www.theotherkidofsummer.com

Name (First and Last): _____

Address: _____

Home Phone: _____ Other Phone: _____

E-mail Address: _____

Information About Your Family

Please complete for each family member who will participate in the program.

Last Name	First Name	Gender	DOB	Grade Just Completed	T-shirt Size

Make checks or money order payable to The Other Kind of Summer, Inc. and mail to:
The Other Kind of Summer, Inc. P.O. Box 111 Evanston, IL 60204

Do not send cash. Check # _____

Liability Waiver

As a participant in The Other Kind of Summer, Inc. (TOKOS) program(s), on behalf of myself and all those individuals included on the Information About Your Family section, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss, which I or anyone of us may sustain as a result of participating in any and all activities connected with or associated with the program(s).

I do hereby fully release and discharge TOKOS, their officers, agents, servants, and employees from any and all claims from injuries including death, damages or loss, which I or anyone of us may have or which may accrue to us on account of participation in the program(s).

I further agree to indemnify and hold harmless and defend TOKOS, their officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or anyone of us, arising out of, connected with, or in any way associated with the activities of the program(s).

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

SIGNATURE _____ **Date** _____

Photography Release

I give permission and consent to the use of any photographs, videotapes, or other media record of my (and family members) participation with The Other Kind of Summer, Inc., for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, or videotaped, or to be in any other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture.

SIGNATURE _____ **Date** _____