

PARTICIPATION FORM



NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____

THIS FORM **MUST BE**
 COMPLETED BEFORE
 PARTICIPATING IN **ANY**
 ACTIVITIES AT
 SHENANDOAH
 TUMBLERS, INC.

I HEREBY RELEASE SHENANDOAH TUMBLERS, INC. AND ALL EMPLOYEES OF ANY LIABILITY DAMAGES ARISING ON THE PREMISE WHILE MY CHILD IS ATTENDING A SHENANDOAH TUMBLERS, INC. ACTIVITY.



PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

221 COMMONWEALTH COURT, WINCHESTER, VA 22602 PHONE: 540/869-3207 FAX: 540/869-3208
 E-MAIL: INFO@SHENANDOAHTUMBLERS.COM WEBSITE: WWW.SHENANDOAHTUMBLERS.COM

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