

Blood Mountain Guide Service

Bucksport, ME

Mailing Address

19 Troy Street
Lowell, MA 01851

GUEST REGISTRATION AND ACKNOWLEDGEMENT

Name: _____ Phone: (____) _____

E-mail: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Package: _____ Dates: _____

How did you find us? _____

Please indicate any special medical concerns, and/or any needed medication, in the space below. While your privacy is of the utmost importance, this information may be crucial in any unexpected emergency. Please use the back of this form if necessary.

Emergency Contact

Name: _____ Phone: (____) _____

E-mail: _____ Relationship: _____

Address: _____ City: _____ State: _____

ASSUMPTION OF RISK ACKNOWLEDGEMENT

By signing this registration/acknowledgement, I, the undersigned, (if registration is for a minor, a parent or legal guardian must sign) state my intention of participating in the excursion, as stated above, with Blood Mountain Guide Service. It is understood that said excursion may be performed in the woods and/or on the waters of Maine and/or Massachusetts, and involves considerable risk of injury and/or loss. (including, but not limited to: sickness, loss of property and/or life as a result of drinking untreated water, overturned watercraft, automobile accidents, trips and falls while in the woods or in tree stands, unsafe handling of firearms, hypothermia, allergic reactions, and/or unavailability of early medical treatment, etc.).

AS PART OF THE CONSIDERATION FOR THE SERVICES TO BE PROVIDED, I, THE UNDERSIGNED, ON BEHALF OF MYSELF, FAMILY, AND HEIRS, DO FOREVER HOLD BLOOD MOUNTAIN GUIDE SERVICE, ITS AGENTS, EMPLOYEES, ASSOCIATES, AND HEIRS HARMLESS FROM ANY AND ALL LIABILITY, CAUSES, CLAIMS, AND DEMANDS THAT MAY ARISE OUT OF THE ABOVE MENTIONED EXCURSION.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENT AND PURPOSE. IN CONSIDERATION OF ALL OF THE ABOVE, I HEREBY ASSUME ALL RISKS OF INJURY AND/OR LOSS THAT I MAY SUFFER DURING THE ABOVE FOREMENTIONED EXCURSION AND/OR ANY OTHER ACTIVITY ARRANGED BY, OR TO BE TAKEN WITH, BLOOD MOUNTAIN GUIDE SERVICE.

Date: _____

Signature: _____

Parent/Guardian (if minor): _____