

Camp NCN Attendance and Release Form

Office Use Only:

NCN North, LLC N8390 US Highway12 Black River Falls, WI 54615 – www.campncn.com

Cabin # or Camp site #

Guest#1 Information

First Name:		Last Name:	
Current Address:		Email Address:	
City:	State:	Zip Code:	
Cell Phone#:		Home Phone#:	

I certify that I have read and fully understand all the provisions explained below and have not signed this form in reliance on any statements or representations that are not set forth herein.

Signature: _____ Date: _____

Guest#2 Information

First Name:		Last Name:	
Current Address:		Email Address:	
City:	State:	Zip Code:	
Cell Phone#:		Home Phone#:	

I certify that I have read and fully understand all the provisions explained below and have not signed this form in reliance on any statements or representations that are not set forth herein.

Signature: _____ Date: _____

I certify that I am 18 years of age or older and have provided a government issued photo ID as proof of age.

I understand that by signing this form, it will apply to any and all reservations or visits made to Camp NCN for the entire 2022 season, valid May 1st through Oct 2nd.

I here-by release and discharge NCN North, LLC., It's officers, staff, enrollees, guests and all other persons and entities which may sponsor, promote, operate, own or manage the event or the event site from any and all claims, damages, and causes of action of any kind which arise out of, or are connected with my reservation and stay and Camp NCN Campground.

I understand that there is a ZERO TOLERANCE POLICY on all controlled substances and such items are NOT allowed in any part of the venue. I understand that if I am found using, transporting or in possession of a controlled substance, I will be asked to leave without a refund and may be subject to prosecution under local, state and federal law.

I warrant and represent that I/we are neither a reporter nor work for any publication, radio or television stations and is not obtaining information for public information or expose, unless written permission was received from NCN North, LLC.

I will not use my membership and/or my knowledge of NCN North, LLC, its owners, staff, employees, members, guests, agents, activities, or any affiliated persons/organizations, or anything relating to NCN North, LLC., against the same, in any way, in pursuit/connection/relation to my place of employment/ occupation/affiliations or those of any other person's agency/ affiliation/etc. I will not speak to anyone of/from the above agencies, or like, including but not limited to news, media agencies of any kind, or any organizations under any circumstances without club management approval.

I have been given a copy of the event rules. I have read, understand and agree to follow the rules listed. I understand that if I am found to be in violation of these rules, I may be asked to leave without a refund.

Initial Check-In Date: _____ ID Verified By: _____ Created on 2/3/2022 KHF