



Nolumbeka Project – Wissatinnewag Sign in and Release*

****Must be signed prior to participating in any activity at Wissatinnewag. Photocopy form as needed.***

**Print, fill out and bring to Discovery Center for Friends Walk.
For Nolumbeka Project, P.O. Box 285., Greenfield, MA 01302**

Name: _____

Address _____

Phone _____ **email** _____

I hereby acknowledge that by signing below, I, executors, administrators, and assigned, do hereby release, remiss, and discharge the organizers of the Nolumbeka Project and contributors and co-sponsors, their employees, agents, successors, and the city/town of Greenfield, state of Massachusetts, from any and all claims, demands, actions, or causes of action concerning the damage or injuries to any person or property at any time arising out of or related to my voluntary presence and/or participation and activities at Wissatinnewag, wheresoever said damage or injury may occur. If a photo of me is taken during my participation, you have my permission to use it in publications like the organization's newsletter or website.

Signed and dated on this _____ day of _____ 20_____

Signature: _____