

# HILLTOP WORKSHOP REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Class	Date	Amount	Attendees	Total
Total Enclosed				
How did you hear about the workshops?				
Do you have suggestions for other workshops or classes? Please tell us here.				

Please make checks payable to Indiana University.

Send your completed registration form with your payment to: Hilltop Garden & Nature Center  
2367 E 10th St  
Bloomington, IN 47408

Reasonable accommodations related to a disability are needed to permit participation. Yes No

Registration for workshops or other activities at Hilltop Garden and Nature Center (Hilltop) constitutes consent to the following terms and conditions: I understand the activities related to the activity and I am physically and mentally able to participate. In the event that I sustain an injury and Hilltop is unable to contact the appropriate person(s) to obtain consent to treatment, I authorize Hilltop and/or its employees or volunteers to take reasonable steps to obtain appropriate medical treatment. I shall be responsible for the cost of such treatment. I release Hilltop and Indiana University and their employees, agents and assigns from any claims including but not limited to personal injury or damage to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds me, my spouse, heirs, executors and administrators. I may be photographed and videotaped while participating in Hilltop activities, and I consent to the reproduction of photographs or videotapes for advertising, education and publicity.