



2021 Spring Gathering Registration

Thank you for being a supporter of the river! Please print this form, complete, and send to the St. Croix River Association:

St. Croix River Association
PO Box 655
St. Croix Falls, WI 54024

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Tickets:

- _____ Individual/Adult Ticket, \$55
- _____ Student Ticket, \$25 (ages 18-25)
- _____ Youth Ticket, \$10 (under 18)

Guest Name(s): _____

Additional Terms – RELEASE, WAIVER, AND INDEMNITY OF CLAIMS*

This waiver includes assumption of risk, COVID-19 assumption of risk, release, waiver of liability, and indemnity, medical treatment, photographic release, and parental consent.

A downloadable version can be found [here](#).

BY SIGNING THIS RELEASE AND WAIVER I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONSEQUENCES OF SIGNING THIS DOCUMENT. THIS IS A COMPLETE ASSUMPTION OF RISK, AND A RELEASE AND WAIVER OF POTENTIAL CLAIMS.

Signature: _____

Payment Information:

- Check enclosed, payable to the St. Croix River Association
- Charge \$_____ to my credit card
 - Visa MasterCard Discover American Express

Card number: _____ Exp. Date: _____ CVC: _____

Cardholder Name: _____ Signature: _____

Please call 715-483-3300 if you have questions or would like more information.