

Highlands Ranch Historical Society

TOUR REGISTRATION FORM

One Form Per Person or Group

NAMES

CELL PHONES

EMAILS

REGISTER ME/US FOR THE FOLLOWING TOURS:

TOUR NAME	DATE	PRICE (member or non-member)

CONSENT: I am aware & agree that tours are at my own risk, will involve being in a group setting indoors or outdoors, may involve getting on & off a bus, walking & other activities. I agree to take proper COVID precautions as per current county/state/local rules. I waive any & all claims for illness, injures and/or damages related to the activity, release the HRHS of all liability & agree to indemnify, & forever hold the HRHS harmless. If I cancel, no refunds unless a replacement can be found.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

COMMENTS/QUESTIONS:

PAYMENT: Please make checks payable to **HR Historical Society**

Mail check to: HR Historical Society PO Box 631334 Highlands Ranch CO 80163