

**MX 207
REGISTERED GUEST FORM
AND
2020 SEASON ANNUAL WAIVER**

GUEST NO. 2020-_____

PLEASE PRINT CLEARLY.

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

Home phone _____ Cell phone _____

DOB. _____ Regardless of age this form must be notarized. Under the age of 18 requires additional minor waivers and consent forms.

EMERGENCY CONTACT; Name _____

Contact phone no.(s) _____ Relationship _____

List any medical conditions or allergies that you feel EMT personnel should be aware of; _____

I have read and agree to conform / comply with all rules and requirements set forth by MX 207.

PHOTO ID REQUIRED

PRINTED NAME _____

SIGNATURE _____

DATE _____ / _____ / _____

MAILING ADDRESS: MX 207 PO BOX 207 EAST WATERBORO, ME 04030 HOTLINE 207 247 3043