

# Attendance and Release Form NCN-North Campground

N8390 US Highway 12  
Black River Falls WI 54615

Office Use Only

Campsite #

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**First Name**

**Last Name**

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**Address**

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**City**

**State**

**Zip Code**

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**Telephone**

**Email Address**

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**Vehicle (Make / Model / Color)**

**Vehicle License #**

(Please Initial Each and Sign Below)

\_\_\_\_\_ I certify that I am 21 years of age or older, and have provided a government issued photo-id as proof of age.

\_\_\_\_\_ I hereby release and discharge NCN-North, LLC., it's officers, staff, enrollees, guests and all other persons and entities which may sponsor, promote, operate, own or manage the event or the event site from any and all claims, damages, and causes of action of any kind which arise out of or are connected with my on-site camping.

\_\_\_\_\_ I understand that there is a ZERO TOLERANCE POLICY on all controlled substances and such items are NOT allowed in any part of the campground.

\_\_\_\_\_ I understand that if I am found using, transporting or in possession of a controlled substance, I will be asked to leave without a refund and may be subject to prosecution under local, state and federal laws.

\_\_\_\_\_ I have been given a copy of the campground rules. I have read, understand and agree to follow the rules listed. I understand that if I am found to be in violation of these rules, I may be asked to leave without a refund.

\_\_\_\_\_ I have been given a copy of the event rules (if applicable). I have read, understand and agree to follow the rules listed. I understand that if I am found to be in violation of these rules, I may be asked to leave without a refund.

**I certify that I have read and fully understand the above provisions and have not signed this form in reliance on any statements or representations that are not set forth herein.**

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**Name**

**Date**