CRUISING LAKE MINNETONKA

Thursday, July 11

\$90 per person

| Name: | | # Attending: |
|--|---|---|
| Name | | Amt. Enclosed \$ |
| Phone: | Cell: | E-Mail: |
| Pick up Northfield Make check payable to: <i>Ca</i> Gluten free please. | | Castle Rock Bank Farmington Ib Check # |
| MAIL TO: JoAn Jensen or Castle Rock Ban P. O. Box 9 Farmington, M | k | ck Bank |
| | Reservation | due June 25 |
| ***** | ******* | ****** |
| | PLEASE RETURN T | HIS ENTIRE PAGE |
| I the below undersigned, agree to and employees, volunteers, indep nected in any way with my partici ticipation in a class, trip, program, on the part of the person or entit class, trip, or activity; knowing the hold harmless all of the persons or to me (or my heirs or assignees) for has been freely entered into and is cies. Further, I agree to allow use Castle Rock Bank or Castle Rocker's read this document and understand Tennessean Warning Under the Minnesota Governme email are private data. You may of this program. For example, your | indemnify and hold the Castle Fendent contractors and instruct pation in a class, trip, program, event, or other activity and eventies mentioned above. I understerisks, nevertheless, I hereby againstites mentioned above whomor damages. It is further underster to be binding on my heirs and of my image, which may be cast Club promotional materials and its contents. Int Data Practices Act (Minn. hoose not to provide some or a contact information is needed | ip, program, event or activity offered by the Castle Rocker's Club, Rocker's Club and The Castle Rock Bank, and their officers, agents tors harmless from and against any liability arising out of or conevent or activity; even though that liability may arise out of parn though that liability may arise out of negligence or carelessness and that accidents and injuries can arise from participation in a gree to assume those risks on behalf of me and to release and to m (through negligence or carelessness) might otherwise be liable good and agreed that this waiver, release and assumption of risks assigns. I have read and agree to registration and program poliptured through video, photo, digital camera or other media, for d publications. By my signature below, I acknowledge that I have Stat. 13.548), your name, address, telephone number, and all this private data, but it may limit your ability to participate in to provide information to you such as newsletters, programs, ating to allow registration information to be shared with Cas- |
| tle Rocker's staff and other registe | red program participants in or | - |
| Signature: | | Date: |

CASTLE ROCK MUSEUM, NELSON CHEESE FACTORY

Tuesday, September 24

\$72 (includes lunch and museum admission)

| Name _ | | | # Attending |
|--|--|--|---|
| Name_ | | | Amount Enclosed |
| Phone: | | Cell: | E-mail |
| Pick up | Northfield | Castle Rock and Ro | l Castle Rock Bank Farmington |
| | _ Meat Loaf | Roast Beef | Gluten free |
| Please | make check payab | le to: Castle Rocker' | Travel Club Check # |
| Mall to | Castle Rock Bank Box 9 Farmington, MN 55 | RESERVATION ************************************ | CK Bank DUE: SEPTEMBER 1 *********************************** |
| I the bel and emp nected in pation in the part of trip, or a harmless (or my he been free Further, I Rock Ban this docu | ow undersigned, agree to ployees, volunteers, independent of any way with my particle a class, trip, program, experience of the person or entities ctivity; knowing the risk all of the persons or entities or assignees) for dealy entered into and is to lagree to allow use of mak or Castle Rocker's Cluiment and understand its | o indemnify and hold the Ca pendent contractors and institution in a class, trip, progravent, or other activity and examentioned above. I understant it is mentioned above whom amages. It is further understant be be binding on my heirs and image, which may be cap | is, trip, program, event or activity offered by the Castle Rocker's Club, itle Rocker's Club and The Castle Rock Bank, and their officers, agents tructors harmless from and against any liability arising out of or conm, event or activity; even though that liability may arise out of particien though that liability may arise out of negligence or carelessness on and that accidents and injuries can arise from participation in a class, see to assume those risks on behalf of me and to release and to hold (through negligence or carelessness) might otherwise be liable to me and agreed that this waiver, release and assumption of risks has disassigns. I have read and agree to registration and program policies. Stured through video, photo, digital camera or other media, for Castle publications. By my signature below, I acknowledge that I have read |
| Tennesse | ean Warning | | |
| email ar this pro cancellat tle Rocko Signature | e private data. You may gram. For example, you ion information, etc. By er's staff and other regis | choose not to provide some r contact information is nee y signing below, you are co tered program participants i | inn. Stat. 13.548), your name, address, telephone number, and or all this private data, but it may limit your ability to participate in ded to provide information to you such as newsletters, programs, assenting to allow registration information to be shared with Casnorder to administer this activity. |

WHITE CHRISTMAS AT THE CHANHASSEN Wednesday, October 30 \$105

| | Ą | 103 |
|---|-------------------------------------|---|
| Name | | # Attending |
| Name | | Amount Enclosed |
| Phone: | Cell: | E-mail |
| Pick up Northfield | Castle Rock and Roll | Castle Rock Bank Farmington |
| Make check payable to: Cas | tle Rocker's Travel Club | Check # |
| Mail to: JoAn Jensen or Dr | op off at the Castle Rock Ba | nk |
| Castle Rock Bank | | |
| Box 9 | | |
| Farmington, MN 5502 | 24 | |
| | RESERVATION DUE: | SEPTEMBER 1 |
| ****** | PLEASE RETURN | ************************************** |
| Waiver and Release: In consideration | on of participation in a class trin | program, event or activity offered by the Castle Rocker's Club, |
| | | cker's Club and The Castle Rock Bank, and their officers, agents |
| | | s harmless from and against any liability arising out of or con- |
| | | ent or activity; even though that liability may arise out of par- |
| ticipation in a class, trip, program, e | vent, or other activity and even t | hough that liability may arise out of negligence or carelessness |
| | | nd that accidents and injuries can arise from participation in a |
| | | e to assume those risks on behalf of me and to release and to |
| | | (through negligence or carelessness) might otherwise be liable |
| | | d and agreed that this waiver, release and assumption of risks |
| | | ssigns. I have read and agree to registration and program poli- |
| | | ured through video, photo, digital camera or other media, for |
| castle nock ballk of castle nockers | cian bioinorional marenais and b | publications. By my signature below, I acknowledge that I have |

Tennessean Warning

read this document and understand its contents.

Under the Minnesota Government Data Practices Act (Minn. Stat. 13.548), your name, address, telephone number, and email are private data. You may choose not to provide some or all this private data, but it may limit your ability to participate in this program. For example, your contact information is needed to provide information to you such as newsletters, programs, cancellation information, etc. By signing below, you are consenting to allow registration information to be shared with Castle Rocker's staff and other registered program participants in order to administer this activity.

| Signature: | |
|------------|--|
| Date : | |
| | |

FALL COLORS FROM THE OSCEOLA AND ST CROIX VALLEY RAILWAY Thursday, October 10 \$60

| Name | | # Attending |
|--|--|--|
| Name | | Amount Enclosed |
| | Cell: | |
| Pick up Northfield _ | Castle Rock and Roll Ca | stle Rock Bank Farmington |
| Make check payable to: (| Castle Rocker's Travel Club | Check # |
| Mail to: JoAn Jensen or Castle Rock Bank Box 9 | Drop off at the Castle Rock Bank | |
| Farmington, MN 5 | 5024 | |
| | RESERVATION DUE: Sept | ember 25 |
| ***** | ************************************** | ************************************** |

Waiver and Release: In consideration of participation in a class, trip, program, event or activity offered by the Castle Rocker's Club, I the below undersigned, agree to indemnify and hold the Castle Rocker's Club and The Castle Rock Bank, and their officers, agents and employees, volunteers, independent contractors and instructors harmless from and against any liability arising out of or connected in any way with my participation in a class, trip, program, event or activity; even though that liability may arise out of participation in a class, trip, program, event, or other activity and even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in a class, trip, or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns. I have read and agree to registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for Castle Rock Bank or Castle Rocker's Club promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Tennessean Warning

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| Signature: | | | |
|------------|--|--|--|
| Date : | | | |

LEFSE, OWLS AND WILDLIFE MIGRATION Wednesday, November 13

Cost to be determined

| Name | | # Attending |
|---|--|--|
| Name | | Amount Enclosed |
| Phone: | Cell: | E-mail |
| Pick up Northfield _ | Castle Rock and Roll | Castle Rock Bank Farmington |
| Gluten free please | 2 | |
| Make check payable to: (| Castle Rocker's Travel Cl | ub Check # |
| Mail to: JoAn Jensen or Castle Rock Bank Box 9 Farmington, MN 5 | 5024 RESERVATION D | Bank UE: OCTOBER 30 ************************************ |
| I the below undersigned, agree and employees, volunteers, ind nected in any way with my part ticipation in a class, trip, program on the part of the person or er class, trip, or activity; knowing thold harmless all of the persons to me (or my heirs or assignees) has been freely entered into and cies. Further, I agree to allow us Castle Rock Bank or Castle Rockeread this document and understated the Minnesota Government are private data. You may this program. For example, you | to indemnify and hold the Castle ependent contractors and instruicipation in a class, trip, programm, event, or other activity and eviatities mentioned above. I under the risks, nevertheless, I hereby a or entities mentioned above who for damages. It is further understee of my image, which may be der's Club promotional materials a and its contents. ment Data Practices Act (Minny choose not to provide some or ur contact information is needed by signing below, you are consessed. | |