**EMERGENCY CONTACT INFORMATION 🞶**

***Return by MARCH 1, 2017***

FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(your name)

For our files, we need to have the names of family members or friends whom you wish us to contact in the case of an emergency. Please fill out the form below for three contact people. Thank You.

1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to:**

Joy Hutchinson, Windcall Consultant

c/o Common Counsel Foundation

1624 Franklin St., #1022

Oakland, CA 94612

Phone: 510-306-0003

E-mail: joywindcall@sonic.net

**GENERAL RELEASE 🞶**

***Return by MARCH 1, 2017***

I have voluntarily agreed to participate in and understand that I am participating at my own risk in Windcall in the Olympic Peninsula and in the activities available to me while in residence at Windcall in the Olympic Peninsula. As an express condition of participating in the resident program, and in any of the activities available to me while in residence at Windcall in the Olympic Peninsula, and in consideration of the use of facilities at Windcall in the Olympic Peninsula, I, on my own behalf and on behalf of my heirs, successors of any kind, executors and administrators, hereby release the Windcall in the Olympic Peninsula program; the Windcall Institute; Common Counsel Foundation; Toandos, LLC; families associated with the property, program and fiscal sponsor; and all of their respective agents, employees and representatives (altogether, the “**Released Parties**”) from any and all responsibility or liability for loss, damage or injury of any sort, whether known or unknown, directly or indirectly arising out of or relating to my visit to Windcall in the Olympic Peninsula, including without limitation any liability in connection with traveling or transportation and any injury or death (a “**Liability**”). In the event any Liability is or has been sustained by me which is not now known or suspected, or in the event that any Liability has present or future consequences or results not now known or suspected, this release shall nevertheless constitute a full and final release; and I expressly waive the benefit of any law or rule of law to the contrary.

I further agree not to sue or to bring any claim against the Released Parties in connection with any Liability.

AGREED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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