



# REGISTRATION FORM

## GREENFIELD ORGANIZED AGAINST DRUGS Drug Prevention Program at the Allegheny County Jail

I agree to allow my child/children \_\_\_\_\_ age/ages \_\_\_\_\_ to participate in the **GO Against Drug Experience**.

*Upcoming tour dates are on a Wednesday during the following months; please select the tour you wish to attend*

2017 Sept 20 Oct 18 Nov 15 2018 Jan 24 Feb 21 Mar 21

*I have read the above and agree not to hold Greenfield Organized Against Drugs or its affiliates liable for any claims, damages, demands, actions or lawsuits that could arise as a result of my participation or my minor child's participation in the GO Against Drugs Experience.*

_____	_____	_____
<i>Signature of Parent/Guardian</i>	<i>Print name Here</i>	<i>Date</i>
Address: _____		Phone #: _____
<i>Street/Apartment #</i>		
_____		E-mail: _____
<i>City, State, Zip Code</i>		

**Please list names and ages of all attending below** *(one adult to two children):*

_____	_____	_____	_____
<i>Participant Name (please print)</i>	<i>Age</i>	<i>Participant Name (please print)</i>	<i>Age</i>

*There is a \$5 fee associated with the trip. Cash is preferred. Checks can be made out to "Greenfield Organized Against Drugs".*

*Reservations will be filled on a "first come, first serve" basis*

*No refund for late arrival, no-shows or cancellations.*

- News media may be present and yes, I agree that (sponsoring agency) may use my photograph as part of a news report.
- No, I do not wish to have my picture taken by news

media. Surveys show that a person can expect to increase their knowledge about drug use in some areas by 100% after the *The GO Against Drugs Tour experience*.

**The tour is appropriate for children age 10 and up when accompanied by a parent. Reservation and prepayment required.**