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| **Camping Registration**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State /\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Camper Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_  This registration will entitle the owner and guests to camp on the property of CANAAN in Alva, Nine Mile, for the support of JAMAICA INTERNATIONAL REGGAE MUSEUM LIMITED, the Residual Non-for profit of Chazz Morris does not accept any responsibility for campers, contents, personal injury or property damage for any reason, including but not limited to weather, fire, theft or other guests.  Please be careful driving or walking on the property and obey all signs. Watch out for equipment, potholes and ruts. Portable toilets will be provided. Water and showers will be provided.  Trash will be picked up by dark every evening. Please use garbage bags to dispose of trash due to wildlife. Standard camping rules apply in conjunction with common sense. We ask that noise levels be reduced at 11PM to be courteous to others. You, the owner, are responsible for **your camping area and guests.**  The owner, below assigned, agrees not to assume the above risks and to release and indemnify the above property owners, employees, and staff from and against any loss, theft, damage to vehicle, or personal injury arising out of parking, use of the facility, whether or not due to the actual or alleged negligence of Jamaica International Reggae Museum Ltd. Residual non for profit organisation of Chazz Morris. Licensee also agrees to assume responsibility for the actions of guests visiting or staying overnight in licensee's vehicle.  I have read and agree to the above terms. |
| **Guests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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