



CAMPGROUND REGISTRATION FORM

Thank you for your interest in camping at the Lake Carroll Association Campground. Please complete this form in its entirety.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____)-____-_____

Email: _____

Camping Unit Description (There is **NO POWER**) – Tent: _____ Trailer: _____ Motor Home: _____

Number of Individuals: Adults: _____ Children: _____

Check In Date: _____ Check Out Date: _____

COST: Free

By signing this registration form, I certify I have read and understand the Rules and Regulations for the Lake Carroll Association Campground, and agree to abide by those Rules and Regulations while at the Association. I further understand and agree that Adrenaline Sports Management or Lake Carroll Association, nor any of its employees or volunteers shall be liable or responsible in any way for injury, damage, liability, loss or expense resulting to the Park User and/or any guest brought on to the premises by said Park User due to accidents, mishaps, misconduct, negligence or injuries, either in person or property.

Signature of Campground Guest

Date