

# LCWF GUEST REGISTRATION

**GUEST:** As a guest on Lowndes County Wildlife Federation Areas, I understand that I must follow LCWF and State and Federal Rules and Regulations. I am a guest and will be courteous to other persons on LCWF areas at all times. I certify that I will conduct myself in a safe and diligent manner and that I and the member below are solely responsible for my safety and health during this visit.

\_\_\_\_\_  
GUEST NAME (PRINTED)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_:\_\_\_\_  
TIME

\_\_\_\_\_  
GUEST SIGNATURE

**MEMBER:** I certify that I have informed the guest named above about LCWF rules and Regulations and that I have made him/her familiar with safety considerations which apply to our activities. I am taking responsibility for the guest's safety and health during the visit.

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
MEMBER BADGE NUMBER