



Name: _____

Address: _____

Email: _____ **Phone:** _____

Individual \$25 _____ **Family \$50** _____

Hike, Run or Walk the Following Preserves!

<u>Preserve Name</u>	<u>Preserve Location</u>	<u>Points</u>	<u>Date Completed</u>
Van Vleck Farm & Sanctuary	5 Church Hill Rd. Woodbury, CT	400	
Whittemore Sanctuary	Route 46 Woodbury, CT	400	
Manville Glacial Kettle	School St & Judson Rd. Woodbury, CT	400	
Hetzel Refuge	Breakneck Hill Rd. Middlebury, CT	400	
Marzahl Refuge	Route 132 Woodbury, CT	400	
Leavenworth Preserve	Pilgrim Trail Woodbury, CT	400	
Fleming Preserve	Cowles Rd. Woodbury, CT	400	
Schienda Family Preserve Watertown Land Trust	279 Hinman Road Watertown, CT	450	
Pick Your Own Preserve	Let us know where you went!		
Total Points			

Visit these Community Businesses!

<u>Business Name</u>	<u>Business Location</u>	<u>Points</u>	<u>Date Visited</u>
Dottie's	787 Main St S Woodbury, CT	100	
Local Gourmet	316 Main St S Suite A, Southbury, CT	100	
Marketplace Kitchen	641 Main St South Woodbury, CT	100	
Ovens of France	660 Main St South Woodbury, CT	100	
Pies & Pub	1 Store Rd Middlebury, CT	100	
Rathskeller Restaurant & Bar	88 Main St S Southbury, CT	100	
Vyne Restaurant & Bar	1365 Whittemore Rd B, Middlebury, CT	100	
Woodbury Brewing Company	738 Main St South Woodbury, CT	100	
Total Points			

Checks payable to Flanders Nature Center. Completed form can be emailed to:
flanderschallenge@flandernaturecenter.org mailed to:



Flanders Field & Forest Challenge Waiver:

I, _____, am a program participant at Flanders Nature Center & Land Trust and or volunteer for Flanders Nature Center & Land Trust.

I know that participation in this “The Flanders Field & Forest Challenge” is a potentially hazardous activity. I will not enter and participate unless I am medically and physically able and properly trained. I assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather including but not limited to high heat and humidity, the condition of the trail, and coming into contact with airborne diseases, and all such risks being known and understood by me. Having read this *waiver* and knowing these facts and in consideration of your accepting of my entry, I, for myself, my family members and anyone entitled to act on my behalf, *wave* and release Flanders Nature Center & Land Trust, any volunteers, and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purposes.

I acknowledge and understand that Flanders Nature Center & Land Trust, its Board of Directors, Agents and Employees is/are committed to the exercise of due and reasonable care in the prevention and/or transmission of viral and bacterial illnesses, including but not limited to Coronavirus / Covid19. However, Flanders Nature Center & Land Trust cannot and does not guarantee that volunteers and/or anyone they may come in contact with, will not contract and/or transmit any particular viral or bacterial illness from or as a result of participation in Flanders' programs and/or activities. I also acknowledge and understand there is an incalculable degree of risk of contracting and/or transmitting viral and/or bacterial illness(es) that is inherent to participation in Flanders' programs and activities; and I accept and assume that risk knowingly, intelligently and voluntarily.

I therefore covenant and agree that I shall not have any cause of action or make any claim or demand against Flanders Nature Center & Land Trust, its Board of Directors, Agents & Employees based upon, arising from or related to the contraction or transmission of Coronavirus / Covid19 or other viral or bacterial illness(es); and shall hold Flanders Nature Center & Land Trust, its Board of Directors, Agents, Employees absolutely harmless and indemnified from any and all liability and/or damages caused by, arising from or related to the same.

Signature: _____

Date: _____

(Parent signature required if registrant is under 18)