

**Northern Minnesota Metalsmith Conference Registration  
April 27th & 28th, 2024**

**Mail to: NMM**  
34715 410th St. SE  
Fosston, MN 56542

Pre-regis. (family) = \$ 35.00  
Meal Ticket (\$62) X     = \$      
(5 meals each ticket)

Total (U.S. Funds) \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_

(Please "print" each name that requires a name tag.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Pre-registration must be post marked by April 15th and is NOT refundable.

**Registration at the door is \$40.**

**Acknowledgment & Assumption of Risk Required**

EACH PERSON will be required to sign an Acknowledgement & Assumption of Risk in order to be admitted into the Northern Minnesota Metalsmith (NMM) Conference and/or NMM meetings (including minors through a parent or guardian). You must return a signed form for each person attending with your pre-registration form.

"I acknowledge that blacksmithing and related activities are inherently dangerous and involve risks and dangers to participants and spectators that may result in serious injury or death. In deciding to attend the NMM Conference and any NMM events, I have considered these risks and I knowingly assume them. I agree that I am responsible for my own safety during the Conference and other NMM events, including wearing appropriate clothing and protective gear and remaining a safe distance from all dangerous activities. I agree to hold NMM, LIRPF, Inc., and others involved in the Conference and/or other club related events blameless from liability and expenses arising out of my own actions or omissions. I agree that my admission to the NMM Conference and/or other club related events constitutes adequate consideration for this Acknowledgement and Assumption of Risk." I have read and understand and agree to the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

In the event of an emergency I request and give permission to the organizers to contact the person listed below and to secure appropriate treatment at my own expense.

Name (please print) \_\_\_\_\_ Tele.# \_\_\_\_\_

PLEASE RETURN THIS ENTIRE SHEET