

Hands on History: *The Tombstone Restoration Commission*

Adobe Heritage Project

Participant Registration: Thank you for your interest in participating in this unique hands-on preservation experience. Please complete this form in its entirety. The information you provide will help us organize work crews, ensure participant safety, and make your experience both enjoyable and rewarding.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____

Email: _____

Emergency Contact

Name: _____ **Relationship:** _____

Phone: _____

Experience & Skills - Please check any experience you have:

- ☐ Masonry
- ☐ Adobe Building
- ☐ Concrete
- ☐ Heavy Equipment Operation
- ☐ Other: _____

Tell Us About You: Why are you participating?

- ☐ I love Tombstone history.
- ☐ I want to learn traditional building skills.
- ☐ I enjoy volunteering.
- ☐ I want to help preserve historic places.
- ☐ I'm looking for a unique hands-on experience.
- ☐ I'm attending with family or friends.
- ☐ Other: _____

Optional Keepsakes & Support: Commemorative Hands on History T-Shirt

Take home a commemorative **Hands on History** T-shirt celebrating your participation in the Tombstone Adobe Heritage Project.

T-Shirt Size (if purchasing)

- ☐ Yes, I would like to purchase a T-shirt (+ \$20)

☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL

Leave Your Legacy – Time Capsule: Become a permanent part of the project. Write a brief personal message that will be sealed inside your own miniature time capsule and placed within the historic adobe wall, where it will remain as part of the Mercantile restoration for future generations.

☐ Yes, I would like to participate in the Time Capsule Project **(+ \$20 donation)**

Become a Member of the Tombstone Restoration Commission: Help preserve Tombstone's historic buildings and heritage throughout the year. Membership supports future restoration projects, educational programs, and the ongoing mission of the Tombstone Restoration Commission.

☐ Yes, I would like to become a TRC Member **(+ \$20 Annual Membership)**

☐ I am already a current member.

☐ No, thank you.

Additional Donation (Optional): I would like to make an additional tax-deductible donation to support future restoration projects.

Donation Amount: \$_____

Registration Summary

Item	Amount
Hands on History Workshop Registration	\$150.00
Commemorative T-Shirt (Optional)	\$20.00
Time Capsule Participation (Optional)	\$20.00
Annual TRC Membership (Optional)	\$20.00
Additional Donation (Optional)	\$_____

Total Amount Enclosed / Total Due: \$_____

How did you hear about Hands on History?

☐ Facebook

☐ Tombstone Restoration Commission Website

☐ Chamber of Commerce

☐ Friend or Family

☐ Newspaper

☐ Other: _____

Participant Agreement: I understand that I am voluntarily participating in the **Hands on History: The Tombstone Adobe Heritage Project**, a hands-on historic preservation workshop involving physical activity, including lifting, carrying materials, kneeling, using hand tools, and working outdoors.

I understand that every reasonable effort will be made to provide a safe environment; however, I acknowledge that participation involves inherent risks associated with construction and outdoor activities.

I agree to follow all instructions provided by the Tombstone Restoration Commission, project leaders, and volunteers and to work in a safe and respectful manner.

I certify that I am physically capable of participating in this activity.

I understand that my registration fee covers my participation in this unique preservation experience and includes instruction, workshop materials, lunch, and a commemorative participant T-shirt.

Liability Release: In consideration of being permitted to participate in this workshop, I voluntarily release and hold harmless the Tombstone Restoration Commission, its officers, directors, volunteers, instructors, sponsors, property owners, and partnering organizations from any claims, demands, damages, or causes of action arising out of my participation, except where prohibited by law.

Medical Authorization: In the event of an emergency, I authorize emergency medical treatment should I be unable to provide consent.

Photo & Media Release: Photographs and video may be taken during the workshop for educational, historical, promotional, and fundraising purposes. I grant permission for the Tombstone Restoration Commission to use photographs or video of me.

Participant Signature: I have read and understand this registration and participant agreement and voluntarily agree to its terms.

Participant Signature: _____

Date: _____