

2020 Chuck Haney Photography Workshop Registration Form

Name; _____

Address: _____

City; _____ State: _____ Zip Code; _____

Email address: _____

Phone # _____

Age _____ Male _____ Female _____

Personal information; Do you have any known allergies (ex, insect bites, medications, food) or health conditions we should be alert to?

Please describe _____

In case of emergency; please list contact information

Name:

Address:

Phone Number:

Please check the appropriate workshop;

- | | | |
|---------------------|-------|-----------|
| South Florida | _____ | \$2600.00 |
| Rocky Mtn Front | _____ | \$1200.00 |
| Badlands Nat Pk | _____ | \$1200.00 |
| Glacier Summer | _____ | \$1200.00 |
| Canada Rockies Fall | _____ | \$2600.00 |
| UP Michigan Autumn | _____ | \$1600.00 |

Please send your check or money order to;

Chuck Haney
608 Pine Place
Whitefish, MT 59937

Chuck Haney Photography Workshop Liability Waiver

Please carefully read and sign the following document as evidence of your concurrence. Each individual participating in a Chuck Haney Photography Workshop must submit a signed copy of this form as part the registration process. Participants under 18 years of age must also include the signature of a parent or guardian.

I am aware that the courses and activities of the Chuck Haney Workshop program in which I am participating present certain risks including, but not limited to, bodily injury, death, illness, loss or damage to personal property, and other safety-related dangers. I further understand that these outdoor courses present inherent risks of personal injury or sickness, such as falling, falling rocks, getting lost, traveling in rough terrain, possible creek crossings, stock animals including horses and cattle, forces of nature such as lightning strikes, absence of prompt medical attention, if needed, inadequately marked trails, camp injuries, giardia and infectious or stomach ailments, impure water, and travel by automobile or other conveyance.

I understand these risks, recognize that these dangers cannot be eliminated, and acknowledge other dangers not mentioned may also exist. I understand the physical requirements of participation in these activities and affirm I meet these requirements, and that my physical and mental health is good, and that I am not under a doctor's care for any condition that might endanger other participants or me. I understand that instructors may not possess the required training or equipment to handle incidents that may occur. In case of injury, accident, illness, or my inability to complete these activities, I will bear the full cost of any additional transportation or evacuation procedures performed by Chuck Haney Workshops or others.

I certify that I am voluntarily participating in these activities and assume all risks, consequences, and potential liability for this participation. I hereby release Chuck Haney, any landowner, employee of the landowner in which we hold the workshop, the US Forest Service, and other land managers where these activities occur from any and all liability claims, causes of action, debts, and demands that may arise as a result of my participation in these activities. This document shall also serve as a release and assumption of risk for my heirs, personal representatives, executors, administrators, and members of my family. Chuck Haney Photography Workshops reserves the right to cancel or change activities without prior notice, and reserves the right to cancel the

registration of any participant it determines fails to meet the requirements of these activities. I hereby further consent that any photograph in which I appear taken during my participation in a Chuck Haney Photo Workshop activity may be used without compensation to me for the purposes of publicity or advertising in catalogs, flyers, etc.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Signature

Date

Signature of Parent of Guardian, if participant is under 18 years of age

Signature

Date