



GLEN CANYON NATURAL HISTORY ASSOCIATION

Field School Registration Form

Please print and mail to (check or credit card):
Glen Canyon Natural History Association
Attn: Field School
PO Box 1835
Page, AZ 86040

Questions, or to register by telephone?
(928) 640-3900

Contact us by email:
FieldSchool@GlenCanyonNHA.org

Your registration will be official once it has been confirmed by our staff; confirmation of your registration will be sent to you via mail and/or email. If the desired course is full, we will notify you by email or telephone.

PERSONAL INFORMATION

| | |
|----------------------|--|
| First Name: | |
| Last Name: | |
| Address: | |
| Address: | |
| City: | |
| State/Province: | |
| Zip/Postal Code: | |
| Country: | |
| Telephone (Day): | |
| Telephone (Evening): | |
| Email Address: | |
| Date of Birth: | |

PERSONAL INFORMATION (Additional Participant, if applicable on Houseboat-based courses)

| | |
|----------------------|--|
| First Name: | |
| Last Name: | |
| Telephone (Day): | |
| Telephone (Evening): | |
| Email Address: | |
| Date of Birth: | |



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2016 COURSE REGISTRATION

| Course Title (Prices based on per person registration) | Dates | Quantity | Tuition | Total |
|--|-------|----------|------------|-----------|
| <input type="checkbox"/> Lens on the Lake (Single Occupancy) | | | \$4,842.00 | \$ |
| <input type="checkbox"/> Lens on the Lake (Shared Occupancy) | | | \$3,228.00 | \$ |
| <input type="checkbox"/> Geology of Glen Canyon (Single) | | | \$4,842.00 | \$ |
| <input type="checkbox"/> Geology of Glen Canyon (Shared) | | | \$3,228.00 | \$ |
| <input type="checkbox"/> Autumn in the Canyons (Single) | | | \$4,842.00 | \$ |
| <input type="checkbox"/> Autumn in the Canyons (Shared) | | | \$3,228.00 | \$ |
| <input type="checkbox"/> Perseid Meteor Shower | | | \$900.00 | \$ |
| Total Tuition Due: | | | | \$ |

If you are participating with others enrolled in this class, please provide their names: _____

PAYMENT INFORMATION

Payment Type: Enclosed Check (payable to Glen Canyon NHA) Credit Card

Cardholder Name:

Card Number:

Card Expiration
Date:

Cardholder
Signature:

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CANCELLATION AND REFUND POLICY

Registration payments are fully refundable, less a \$35 per course processing fee, if cancellation takes place at least 30 days before the course. No refunds will be made for cancellations received fewer than 30 days before the start of the course. We reserve the right to cancel a course up to 30 days before the first class day. If we cancel, you will receive a full refund.

We regret that we cannot make exceptions to the refund policy for any reason, including, but not limited to, illness, travel delays, emergencies, or weather. We strongly urge you to take out accident, baggage, and trip cancellation insurance through a travel agent. Travel insurance can help protect you against financial loss if you must cancel or interrupt your trip.



GLEN CANYON NATURAL HISTORY ASSOCIATION

Assumption of Risk, Release of Liability, & Indemnification Agreement

Student Name: _____

Class: _____ **Dates:** _____

Initial: ___1. I am aware that while participating in the course identified above and related activities (“this course”) offered by the Glen Canyon Natural History Association (“GCNHA”) through its employees, agents, and/or instructors, I may be exposed to certain risks or dangers, whether known or unknown, which may exist due to various hazards. Including, but not limited to, narrow trails or rough terrain, high altitude, desert heat, wild animals or plants, illness or injury in areas remote from medical facilities, the forces of nature and acts of God, rough water, and travel by boat, automobile, bus, or other conveyance. My participation in this course is entirely voluntary. I am fully aware of the hazards described or referred to herein.

Initial: ___2. I understand that my risk of injury or death may be minimized if I abide by proper safety procedures as taught by GCNHA instructors at the start of and during this course. The possibility of injury or death should be minimized if all participants are attentive to what is occurring around them and abide by the recommended safety procedures. I understand that while my risk of injury or death may be minimized, it can never be eliminated.

Initial: ___3. In consideration of my right to participate in this course, I, to the fullest extent permissible under the law, hereby release and discharge GCNHA, its employees, agents, and/or instructors from any and all loss or damage I may sustain, and claims for damages resulting therefrom, on account of any injury to my person or property, even injury resulting in death, whether caused by the acts of GCNHA, its employees, agents, and/or instructors or otherwise, which may arise in connection with my participation in this course.

Initial: ___4. I hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the acts of GCNHA, its employees, agents, and/or instructors or otherwise which may arise in connections with my participation in this course.

Initial ___5. I hereby agree to indemnify, hold harmless, and defend GCNHA, its employees, agents, and/or instructors against loss from any claims made for or on account of any injuries or damages sustained by me. I further agree to hold GCNHA, its employees, agents, and/or instructors harmless from all persons or entities making any claim against GCNHA, its employees, agents, and/or instructors for injury or damages arising out of the negligent acts of any person or entity, including GCNHA, its employees, agents, and/or instructors which may occur during my participation in this course. I avow that I have health and/or accident insurance coverage for any injury or illness occasioned by me while participating in this course.

Initial: ___6. I affirm that my general health is good and that I am not under a doctor’s care for any condition that will endanger my health or the health of other participants. In case of injury, illness, or death, I or my estate will bear the cost of any evacuation procedures utilizing an ambulance, helicopter, or rescue team and any type of related medical care. I affirm that I have adequate and applicable health and/or accident insurance that will cover the cost of reasonable and appropriate health care for any injury or illness I may experience while participating in this course.

Initial: ___7. I hereby agree that any photograph in which I appear may be used for purposes of publicity or advertising, such as catalogues, flyers, and news stories without compensation to me.

Initial: ___8. I understand that I will not be permitted to participate in any course(s) or other related activities unless and until this agreement is properly executed.



GLEN CANYON NATURAL HISTORY ASSOCIATION

Initial: ___9. I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the United States of America and the States of Arizona and Utah, and that if any portion of it is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

Initial: ___10. I have carefully read this Agreement, and voluntarily sign it. By signing this Agreement, I acknowledge that it shall be effective and binding upon me, my family, heirs, next of kin, administrators, executors, representatives, and my estate.

Signature: _____ Print Name: _____ Date: _____

Date of Birth: _____

Signature: _____ Print Name: _____ Date: _____

Date of Birth: _____

Initial: ___11. Further, as the parent or guardian of those minor children or dependents listed below, individually and on their behalf, I agree that they are subject to all the terms and conditions of this Agreement as fully set forth above, including those set forth in Paragraphs 3, 4, and 5 relating specifically to the release of liability, assumption of risk, and indemnification.

Participating Minor or Dependent: _____ Date of Birth: _____

Participating Minor or Dependent: _____ Date of Birth: _____

Parent or Guardian Signature: _____ Print Name: _____

Date: _____



GLEN CANYON NATURAL HISTORY ASSOCIATION

- I have read the Cancellation and Refund Policy and understand the terms and conditions of the policy.
- I have enclosed a completed Confidential Health Questionnaire for each participant. (Must be included for registration to be processed and official)
- I have enclosed a completed Assumption of Risk, Release of Liability, & Indemnification Agreement for each participant. (Must be included for registration to be processed and official)

Signature: _____ Date: _____