

Spirit of Photography

Crested Butte Wildflower Photography Workshop, 22 - 25 July 2010 Registration Form

NAME: _____

ADDRESS: _____

E-MAIL: _____

MOBILE NUMBER (to be used during workshop): _____

EMERGENCY CONTACT: Name/Relationship _____ Phone _____

Camera equipment that will be used on the workshop (for instructor planning purposes): _____

The workshop price is \$295 per person (lodging and meals not included). Please mail a \$75 deposit to the following address no-later-than 24 May 2010 and make checks payable to Spirit of Photography:

Keith and Rebecca Snell
272 Patton Drive
Wichita KS, 67208

The remainder of the workshop fee will be due upon arrival in Crested Butte. Workshop participants will be provided with the information necessary to make hotel reservations in a follow-on email.

Participants will meet in Mount Crested Butte for introductions and a short orientation on the evening of Thursday, 22 July 2010, followed by two full days of photography and workshop instruction on the 23rd and 24th and a half-day of instruction on the 25th.

The workshop will involve short high-altitude hikes and might be somewhat strenuous for individuals that are not acclimated to the altitude. Please list known health conditions, medical requirements, prescription medication or life threatening allergies we should be aware of in the event of an emergency:

By signing below, the participant indicates that he/she understands and agrees with the following provisions:

- 1. Release and Indemnification:** I recognize that participating in photography or other activities and related transportation involves risk of an accident and serious injury to me. I expressly assume all risks of participating in Spirit of Photography-sponsored activities, whether those risks are known or unknown to me. In consideration for the privilege of participating in Spirit of Photography-sponsored activities, I hereby release and hold harmless Spirit of Photography and Keith and Rebecca Snell, and waive any and all claims with respect to property damage and/or personal injury arising from my participation.
- 2. Authorization of Medical Care:** In the event I am in need of any emergency medical treatment to protect my health and welfare while participating in sponsored activities, I hereby authorize and agree to allow any authorized agent of Spirit of Photography to consent to and authorize the administering of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability and indemnification provisions set forth above shall apply to any authorization and consent to medical treatment made on my behalf by Spirit of Photography or its authorized agents. I agree to be personally responsible for all costs of medical treatment (including emergency services) and other expenses thereby incurred.

Signature of Participant: _____ Date _____