



Adult Learner Registration Form

Week on the River 2017 session dates: July 26-30

Participant Information:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please list any health condition(s), medication(s), and/or allergies that may impact your ability to participate in this remote outdoor experience:

Do you plan on boating or driving to and from camp?

(BOATING) (DRIVING)

Mass-Media, Print and Graphic Image Release I grant / do not grant (circle one), The Folk School permission to use my photograph and name as part of mass-media, print and/or online public information in recognition of The Folk School. I understand that images published on the World Wide Web are not fully protected under copyright laws.

Signature of Participant _____ Date _____

Participant's Statement of Responsibility I accept full responsibility for my actions and behavior during the Week on the River. I will not hold The Folk School staff or organizers accountable for any personal injury or damages which may occur at Week on the River that are not caused by the Folk School staff's sole negligence.

In exchange for participation in the course you have registered for, you are agreeing to the following statements:

- You agree to observe and obey all rules and warnings given by the instructor, staff, representatives or agents of the Folk School Fairbanks.
- You recognize that there are certain inherent risks associated with the above course and you assume full responsibility for any personal injury to yourself, and further release and discharge The Folk School Fairbanks and the instructor of this course for any injury, loss, or damage arising out of your use or presence on the facilities used for this course, whether caused by the fault of yourself, The Folk School Fairbanks, or third parties.
- You agree to indemnify and defend The Folk School Fairbanks against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from your use of or presence upon the facilities provided for the course you have registered for.
- You agree to pay for all damages to the facilities and equipment provided for this course caused by your negligent, reckless, or wilfull actions.

Proof of Insurance All participants are asked to show proof of health insurance by presenting their insurance policy number and the name of the insurance provider. Applicants who fail to show proof of insurance will not be registered.

Insurance Provider: _____ Policy #: _____

I hereby acknowledge that the health insurance policy information provided above is accurate and effective through July 2017.

Signature of Participant _____ Date _____

Summary of Fees

Adult Registration Fee (Covers one adult participant)..... \$400

Total Fees.....\$400

Payment

Please make checks payable to "The Folk School" Please send completed forms and payment to:

Week on the River c/o The Folk School P.O. Box 83572 Fairbanks, AK 99708.

If you would like to pay by credit card, please do so through paypal on our website: <http://thefolkschoolfairbanks.org>. If you have any questions, please call The Folk School at 907-451-0445.