

The Whale Museum

Participant Registration Form 2008

Program: Naturalist Gear-Up 2008 **Date:** Tuesday, May 6, 2008

Fee: **\$25.00** (Includes Whale Museum admission)

PRINT CLEARLY

Participant's Name: _____

Home (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Address: Street: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact: _____ Local #: _____ - _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

How did you hear about this class? _____

Registration and Refund Policies: Registration is required and pre-payment is preferred. To make a payment, call 360-378-4710 ext. 23 or fax form with payment info to 360-378-5790.

Office Use

Payment: Cash: _____ Check/ CC #: _____ Exp. Date: _____ Visa/ MC/AE
Amount: _____ Security Code: _____

Reservation/ Deposit Date: _____ Taken By: _____

Release of Liability

I waive all rights and release all claims that might be had against The Whale Museum, its hired or contracted instructors, and their employees and volunteers, for any and all injuries or losses which may be suffered because of my participation in the above activity offered by The Whale Museum of Friday Harbor, in consideration of the permission of The Museum to participate in the activity. To the best of my knowledge, I have no physical or other conditions which would interfere with my participation. I give permission to have my photo taken during the activity, and to be used for publicity purposes by The Whale Museum.

Signature

Date

If the participant has allergies, takes medication, or has any other condition which may require special attention, please mark box and note condition(s) on the back of the form.

Special medical condition! Please describe on other side.



P.O. Box 945 / 62 First St. N., Friday Harbor, WA 98250 (360) 378-4710
www.whalemuseum.org