

2009 EDUCATION ADVENTURES IN THE SAN JUAN MOUNTAINS

The Colorado Trail Foundation

- 1) **IF REGISTERING MORE THAN ONE PERSON** Copy of this **Registration Form** and complete one for each person and mail together. Additional copies of this form, as well as the **Waiver**, are available at www.ColoradoTrail.org.
- 2) **CHOOSE A CLASS** Indicate your choice by placing a check in front of the class name. (Please note: *KID'S NATURAL WORLD* class is for children ages 6-11 accompanied by at least one adult.)
- 3) **PRINT and FILL IN** all lines on the **Registration Form** including contact, payment and personal information.
- 4) **COMPLETE the Waiver** (For each participant under age 18, also complete back of **Waiver**.)
- 5) **MAIL your Registration Form(s) + Waiver(s) + Registration Fee(s)** to The Colorado Trail Foundation. If paying by MC/Visa, complete and sign the authorization below.

<input type="checkbox"/> June 13 - 19: SERVICE WORK CREW 1 (no fee) <input type="checkbox"/> June 20 - 27: SERVICE WORK CREW 2 (no fee) <input type="checkbox"/> June 28 - July 4: KIDS' NATURAL WORLD 1 <input type="checkbox"/> July 5-11: COLORADO MOUNTAIN CLUB 1 <input type="checkbox"/> July 12 - 18: COLORADO MOUNTAIN CLUB 2	<input type="checkbox"/> July 19 - 25: PAINTING NATURE OUTDOORS * <input type="checkbox"/> July 26 - Aug 1: BIRDS AND WILDFLOWERS * <input type="checkbox"/> Aug 2 - 8: GEOLOGY OF THE SAN JUANS * <input type="checkbox"/> August 9 - 15: PLEIN AIR WATERCOLOR <input type="checkbox"/> August 16 - 22: CLIMBING HIGH PEAKS
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* Teacher Enhancement or College Credits available for these courses

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONES (indicate Cell, Home, Work) _____ EMAIL _____	<p style="text-align: center; margin: 0;">Credit Card Payment Authorization</p> MC/VISA # _____ Exp. Date _____ Name on Card (print) _____ Signature _____
Registration Fee(s) Total = \$ _____ (Enclose check payable to The Colorado Trail Foundation or complete Credit Card above.) PERSONAL INFORMATION: Please include this information: Age _____ Sex _____ PERSON TO CONTACT IN CASE OF EMERGENCY: (name, address, telephone) _____	

REGISTRATION FEES:

Registration Fee (except as noted below): Adults: \$395.

Registration Fees for KIDS' NATURAL WORLD: Adults: \$295.

Children: \$150.

Optional Dorm Tent Space: \$25 per person

Registration Fee for COLORADO MTN CLUB HIKING: Reduced fee is dependent on CMC membership. For all info concerning this class, including to register, contact Janet Farrar at (303) 933-3066 or wildjc@juno.com.

Cancellation Policy for all Courses: \$100 non-refundable fee will be assessed to ALL cancellations; and no refund will be made if cancelled one month or less prior to course start date.

PAYMENTS: Full payment is due with your registration and waiver. Make your **check** payable to **The Colorado Trail Foundation**. Or, pay by **credit card** by completing the authorization above.

QUESTIONS: Contact Bea Slingsby, Volunteer Registrar, at (303) 422-3728 or beahive@comcast.net. Or, you can try to catch Gudy Gaskill at (303) 526-2721.

MAIL your fully completed <u>Registration Form(s)</u> + <u>Waiver(s)</u> + <u>Registration Fee(s)</u> to: THE COLORADO TRAIL FOUNDATION • 710 TENTH ST #210 • GOLDEN CO 80401
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The Colorado Trail Foundation
Waiver and Liability Release Agreement

As a participant in activities of The Colorado Trail Foundation, I agree to the following waiver and release:

- I, _____, acknowledge that backcountry travel, activities and work projects have
(please print)
risks, hazards and dangers that cannot be eliminated, particularly in a wilderness environment in mountainous terrain. ***I understand that these risks, hazards, and dangers, which may cause disability, injury and death, include without limitation:***
- risks from activities in areas where no outside services are available or provided; where rescue and medical services are limited and slow, if available at all; where trail or road conditions vary, are not maintained, and are unpredictable and changeable; where weather also is unpredictable and changeable; and where injuries could include, but are not limited to, cuts, wounds, contusions, broken bones, sprained muscles, animal or insect bites/stings, exposure, dehydration, hypothermia, frostbite, and head injuries;
 - risks involved in decision-making and route-finding in a wilderness environment; getting lost resulting in dehydration, hypothermia, or frostbite,
 - other risks, hazards, and dangers common to wilderness travel and outdoor activities that include, but are not limited to, trail construction and repair, camping, cooking, hiking, climbing, mountaineering, and backpacking.

I have read and understand the information provided by The Colorado Trail Foundation about the activities, work projects, and travel to and from such activities. I also understand that I have a responsibility for my own safety and the safety of others as a backcountry user.

***** Please initial here _____

I understand that participation in the travel, activities and projects of The Colorado Trail Foundation require good physical condition. I and/or my family, including my minor children, who are fully capable of participating in The Colorado Trail Foundation activities and willingly assume the risk of injury as my/our responsibility, including the loss of control or balance in walking, hiking, or climbing; weather; collision with trees, rocks, or other obstacles, whether obvious or not obvious. **I am voluntarily participating in activities and projects of The Colorado Trail Foundation with full knowledge of the risks, hazards and dangers involved.**

***** Please initial here _____

By my signature, for myself, my family (including minor children), my estate, and my heirs, I hereby **knowingly and intentionally release, indemnify and hold harmless The Colorado Trail Foundation**, its directors, officers, service providers, independent contractors, agents, employees, and volunteers from and against any and all claims, actions, causes of actions, liabilities, suits, expenses (including attorneys' fees) and **negligence** of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, disability, or death to me or my property as a result of my participation in the activities and projects of The Colorado Trail Foundation, the use of its information or services and traveling in a wilderness environment in mountainous terrain, whether such damage, loss, injury, disability, or death results from **negligence** of The Colorado Trail Foundation, its directors, officers, service providers, independent contractors, agents, employees, or volunteers or from some other cause. I further agree not to sue The Colorado Trail Foundation, its directors, officers, service providers, independent contractors, agents, employees, and volunteers as a result of any damage, loss, injury, disability, or death that may occur while participating in its activities or projects. Also, I authorize the CTF, and or parties designated by CTF, to use my or my child's photo for sale or reproduction in any manner CTF desires, for advertising, display, audio visual, or other use.

I am over 18 years of age. **Yes / No** Initial here _____ (Parents signature and completion of back page also required if under 18)

SIGNATURE _____ DATE _____ EMAIL _____

NAME (print) _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

THE COLORADO TRAIL FOUNDATION

Indemnification Agreement for Participants Under 18 Years of Age

NAME OF PARTICIPANT: _____

(please print)

For the minor named above who will participate in activities of The Colorado Trail Foundation in mountain regions of Colorado, I agree to the following waiver, release and indemnification:

The undersigned parent or guardian of said minor, for themselves and on behalf of said minor, joins in and agrees to the provisions of the "Liability Release Agreement" and hereby stipulates and agrees to save harmless, indemnify, and forever defend The Colorado Trail Foundation, its directors, officers, service providers, independent contractors, agents and employees, from and against any claims, actions, demands, expenses, liabilities (including attorneys' fees) and **negligence** made or brought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in travel, activities and projects of The Colorado Trail Foundation, including the result of said minor's participation in the travel, activities and projects of The Colorado Trail Foundation, including without limitation, his or her use of property and facilities of The Colorado Trail Foundation, his or her participation in specific activities of The Colorado Trail Foundation, or his or her travel to and from the site of such activities.

SIGNATURE of Parent or Guardian _____ Date _____

ADDRESS _____ CITY _____

(please print)

STATE _____ ZIP _____ PHONE _____