



P. O. Box 7375, Bend, OR 97708
541.617.0439

Coyote Trails School of Nature Youth Program Application

Participant information (one form per applicant)

I am applying for:

- | | | | |
|---|-------------------|---|----------------------|
| <input type="checkbox"/> Youth Fox Trail Adventure | June 17 – June 23 | <input type="checkbox"/> Youth Philosophy of Nature | July 15 – July 21 |
| <input type="checkbox"/> Youth Tracking and Awareness | June 24 – June 30 | <input type="checkbox"/> Youth Fox Trail Adventure | August 5 – August 11 |
| <input type="checkbox"/> Youth Bear Skills | July 1 – July 7 | | |

Last Name: _____ First Name: _____

How did you learn about Coyote Trails? _____

Have you been to Coyote Trails before? _____

If yes, what class (es) and dates. _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____ E-Mail Address: _____

Home Phone Numbers (s): _____

Date of Birth: _____ Male / Female: _____

Emergency Contact Information

Primary Emergency Contact

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Eve Phone: _____

Secondary Emergency Contact

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Eve Phone: _____

Travel Information

I / We plan to arrive at Coyote Trails by:

- Car
- Plane (Airport information will be in your follow-up packet.)

YOUR TRAVEL INFORMATION MAY CHANGE AS YOUR PLANS SOLIDIFY. PLEASE CALL WITH ANY QUESTIONS.

visit us at our web site www.coyotetrails.org

Preliminary Health and Diet Information

Dietary needs and/or allergy concerns: _____

List any allergies to medication: _____

Do you have SERIOUS food allergies that cause medical complications? If yes, please list them, and rate the severity on a scale of 1 – 10.

(Please note that we are not always able to accommodate mild food allergies/sensitivities. We are concerned with foods that can NOT, under any circumstances, be eaten without serious side effects.)

Any medical conditions, information and medications(s) we need to be aware of: _____

Primary physician and phone number: _____

Cancellation Policy

NOTE: Prices and policies quoted are valid for 90 days from the receipt of catalog and are subject to change without notice.

I acknowledge that should I fail to notify NAWS/Coyote Trails of my cancellation by 12:00 noon PST two days prior to the first day of class, my signature conveys authority to NAWS/Coyote Trails to charge my credit card account listed below the full amount of the class. I also acknowledge that should I cancel prior to the deadline date and time, only \$100.00 of the \$300.00 NON-REFUNDABLE deposit is a one time only transferable credit good for one year.

MY SIGNATURE BELOW INDICATES MY ACCEPTANCE OF ALL OF THESE ABOVE TERMS AND MY DESIRE TO PARTICIPATE IN A NAWS / COYOTE TRAILS PROGRAM.

Signature of Parent/Guardian: _____ Date: _____

Credit Card Number: _____ Exp. Date: _____

Reminders

Did you enclose your \$300.00 per person per class deposit?

Preferred method of payment is by check. If paying by check or money order, please make it out to NAWS Programs.

Did you include a credit card number regardless of payment method? (We accept Visa and MasterCard)

Did you mark your session choices on the other side?

Follow-up information will be sent beginning April 15, 2007.

NAWS/Coyote Trails accepts students from all walks of life, of any gender, race, religion, sexual preference, or ethnic background. We accommodate those with disabilities to the best of our ability, however, due to the strenuous nature of some activities, not everyone can attend. Please consult with us or your physician if you have any questions.

OFFICE USE ONLY – PLEASE LEAVE BLANK

Date: _____ Deposit: _____ for how many persons: _____

Deposit payment method: Check # _____ Cash / M.O. / Credit Card No. _____ Exp: _____

Date: _____ Additional payment: _____ for how many persons: _____

Additional payment method: Check # _____ Cash / M.O. / Credit Card No. _____ Exp: _____

Balance Due: _____ Due Date: _____ Paid: _____



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Permission and Release

I hereby grant permission for the below named Participant to participate in any and all activities of Nature Awareness and Wilderness Sports Programs dba Coyote Trails School of Nature ("NAWS"), an Ohio non-profit corporation that is qualified as a foreign corporation in the State of Oregon and hereby grant to NAWS, its directors, officers, employees, agents and representatives, permission to supervise Participant in his/her participation in any and all of NAWS' activities and to provide transportation for Participant when necessary to participate in any of NAWS' activities. I understand that NAWS' activities take place on property that may include certain dangers and hazards and that the NAWS' activities themselves involve inherent risks of personal injury, property damage, illness or death. I understand that NAWS' programs will include activities that involve inherent danger including, without limitation, tracking, awareness, philosophy, survival and other activities that involve dangers and hazards. I, on behalf of myself, Participant, and my and Participant's heirs, executors, legal representatives and assigns, have considered these risks and understand the potential for such damage and/or injury that may be incurred by Participant as a result of participation in NAWS' activities and hereby assume such risks and agree to forever waive, release, discharge, indemnify, defend and hold harmless NAWS, its directors, officers, employees, agents, successors and assigns (collectively, the "indemnitees") from and against, any and all claims, damages, suits, actions, demands and liabilities of any nature whatsoever arising out of, because of, or due to Participant's involvement in NAWS' activities, including but not limited to, the operations of NAWS, the acts or omissions of NAWS, its employees, volunteers, representatives or other Participants, and travel provided by NAWS to and from any activities or programs offered by NAWS that require the Participants to travel.

I further acknowledge and agree that the activities of NAWS may involve substantial and often difficult and strenuous physical activities. To the best of my knowledge, Participant is physically and mentally fit and able to engage in any such physical activity and if requested by NAWS, I agree to furnish a physician's statement to that effect. It is understood that neither NAWS nor the Indemnitees take responsibility for the physical and mental condition of Participant and that as Participant or parent and/or guardian of Participant, I alone am responsible for such conditions of Participant. I further attest that Participant possesses his/her own health and hospitalization policy or is named as an insured under another health and hospitalization insurance policy. I further grant NAWS, its employees, agents and representatives permission to take whatever action is necessary for the health and welfare of Participant including consenting on my and Participant's behalf to any and all medical treatment and/or hospitalization and further agree to hold harmless, indemnify and reimburse NAWS and the Indemnitees for all medical expenses incurred by either Participant or NAWS arising from or related to the medical or other treatment of Participant.

THE PARTICIPANT ACKNOWLEDGES THAT THE USE OF VIDEO RECORDERS IS PROHIBITED. The Participant releases to NAWS the rights to use any photograph or video taken while participating in said survival, tracking, awareness, and philosophy training, to be used as deemed by NAWS, including advertising.

This Participant Permission and Release contains the entire understanding and agreement between NAWS and Participant with respect to the subject matter hereof, and supersedes any prior agreement, whether oral or written, between NAWS and the Participant. The terms of this Permission and Release shall be governed by the internal substantive laws of the State of Oregon without giving effect to any choice or conflict of law provision that would cause the application of the laws of any other jurisdiction.

Participant's Printed Name _____ Date: _____

Signature of Participant (if over 18 years of age)
Or Parent and/or Legal Guardian of Participant: _____