

Wallowa Mountains Nature Illustration Workshop

Registration Form

Name _____

Mailing Address _____

Email _____ Phone _____

☐ August 25-26 Workshop: Illustrating Conifers of the Wallowa Mountains (\$195)

☐ Materials Fee (\$10) **Register before July 1st and your materials fee is waived.**

Note: A sack lunch is included both days. Lodging, the Wallowa Resources Dinner & Barn Dance, tram fare and dinner on Sunday evening are separate costs and are the responsibility of each participant. For more information about lodging options, barn dance tickets and area restaurants, see the workshop flyer and itinerary. For a list of art supplies to bring, refer to the supply list.

Total Due \$_____ Check # _____ (Make checks payable to Catherine Alexander and mail with this form to Catherine Alexander, 1327 Lupin Lane NW, Salem, OR 97304.)

Liability Waiver

To the best of my knowledge, I am in good physical condition and fully able to safely participate in any and all activities at the workshop listed above for which I have registered. I am fully aware of any risks and hazards connected with participation in this art retreat and I take responsibility for maintaining my health and well-being. I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury, including death, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this retreat. I hereby release, waive, discharge, and covenant not to sue, Catherine Alexander, Jeanne Debons, their associates, family members, agents, and employees (hereinafter referred to as "Releasees") from any and all liability claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in a workshop, or while on the premises where a workshop is being conducted. It is my expressed intent that this Waiver shall bind the members of my family and spouse and/or domestic partner, if I am alive, and my heirs, assigns and personal representative(s), if I am deceased, and shall be deemed as a release, waive, discharge, and covenant not to sue the above named Releasees. I hereby further agree that this Waiver of Liability shall be construed in accordance with and governed by the laws of the State of Oregon. In signing this release, I acknowledge and represent that I have read this Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

☐ It's OK to photograph me during the workshop for documentary and educational purposes.

☐ It's not OK to photograph me.

☐ I have special needs, allergies and/or sensitivities I'd like you to be aware of _____

Signature _____

Date _____

Questions? Email sorrelstudio@gmail.com or call 503-302-4645.