Hawk Circle Wilderness Education Application

Course Name:_____ Course Dates:_____

Name: _____ Address:_____

City: _____ State: _____ Zip:_____

Home Phone #: _____ Work #: _____ E-mail Address:_____

Age: _____ Date of Birth:_____ Male ❑ Female ❑

Do you have any dietary restrictions? If yes, please describe thoroughly: _____

(Please note that due to facility size we are not able to accomodate extensive dietary issues. Please plan accordingly!)

Please list all known allergies to any foods, insects, or medications, or any medical concerns : _____

_____

How did you find out about our programs? _____

What is your main reason for attending this program?_____

Emergency Contact:_____ Relationship:_____ Phone Number:_____

The Fine Print: Due to our Policy of not overbooking our programs, we require a **non-refundable** deposit of **$200 for each camp, or 50% of your program fee for all other programs.** This must accompany each application. The remaining balance is due on the first day of the program unless otherwise specified in your acceptance information package. (Any payment plans must be approved by the main office in advance of your program start date. All payment plans have a surcharge of five dollars per payment.) ••We will refund your deposit in the event that we cancel the program. If you need to cancel, please notify us immediately. If cancellations are made prior to 14 days from the start date of the course, a one time transfer of 1/2 of the deposit may be applied to another program to be used in a one year period. Cancellations made within 14 days cannot transfer any portion of the non-refundable deposit. **Cancellations not made within 48 hours of the course date will be charged in full for the course.** Any person who leaves during the middle of a program due to illness, injury, expulsion, or any other reason will not be refunded any portion of the course fees, including food and tenting feels. Upon receipt of this application and deposit, you will be sent an equipment list, directions, a letter of acceptance and any specific information about your program.

Release

I understand that I will be participating / engaging in potentially life threatening and dangerous activities during the course of the program I am registering for. I do not suffer from any medical condition, ailment, or other condition which could in any way limit my ability to participate in the activities required in the course / program I have chosen. I hereby assume full responsibility for all risks which may be associated with, and all injuries which may occur to me in connection with, my participation in the course / program. I hereby release and hold harmless Earth Mentoring Institute & Hawk Circle Programs, its agents, and others working for it or on its behalf, from and against any and all claims, liabilities, injuries, or accidents (including, without limitation, any claims for personal injuries and any claims based on any negligent acts, omissions, or other fault on the part of any of the parties connected with, or who participate in, the course) resulting from, or in any way connected with, my participation in the course. I also give my consent for the Earth Mentoring Institute and Hawk Circle Programs to use my photo and likeness in the event of a class picture or for use on brochures, promotional material, the Primary Feathers Journal or website, knowing that it will be done in good taste and in an honorable way. I represent and warrant that I am over eighteen years of age.

_____ _____ _____

Signature ***Name (please print)*** ***Date***

For participants under 18, please have a parent sign below:

"The child/legal dependent named above has my permission to attend the above listed program and participate in all activities. "

Parent/Guardian's Signature:_____ Date: ____/____/____

Please Make Checks Payable To (in U.S. Dollars) :

The Earth Mentoring Institute or Hawk Circle

Amount Enclosed $ _____ Check Number _____

We Accept Visa and Mastercard **CC#**_____ **EXP** ___/___/___

Thank You! **We are looking forward to meeting you!**

Mail Completed Application and Deposit to : Earth Mentoring Institute, P.O. Box 506, Cherry Valley, NY 13320

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