



2018 Registration & Emergency Form

This form must be completed for each participant and received at the GC CARC no later than one week prior to first workshop. You may fax the completed form to Maney Gale at 301.387.3789 or email scanned forms to maney.gale@garrettcollege.edu Visit www.garrettcollege.edu/camps to print additional forms or to complete online.

Contact Information

Email: _____

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Sex: ☐ M ☐ F

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

In an emergency contact: (Please supply at least one.)

• Name: _____

Home Phone: _____ Work: _____ Cell: _____

• Name: _____

Home Phone: _____ Work: _____ Cell: _____

Releases & Waivers

IN THE EVENT OF AN EMERGENCY, you agree to release and hold harmless Garrett College, whose first aid certified staff may administer first aid as needed and authorize Garrett College staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for your immediate care and agree to be responsible for payment of any and all charges for medical services rendered.

☐ Yes

☐ No

PHOTO RELEASE

I agree to be photographed, interviewed, or videotaped while attending any Garrett College Camp/Workshop for possible use in print or web marketing. I release Garrett College, its Board of Trustees, officers, agents, directors, faculty/staff, and assigns from any and all claims (monetary or otherwise) that you may have related to the use of these images.

☐ Yes

☐ No

Workshop Selection

Please select from the choices below.

I will be attending...

- ☐ 1 day \$195 (any day)
- ☐ 2 days \$295 (any 2 days)
- ☐ Full Workshop \$395

If you chose the 1 or 2-day option above, please let us know which day(s) you will be attending.

- ☐ Friday, July 27, 9:00AM - 4:30PM, Swallow Falls State Park
- ☐ Saturday, July 28, 9:30AM - 7:00PM, Friendsville and Grantsville, MD
- ☐ Sunday, July 29, 9:00AM - 1:00PM, Garrett College Art Gallery
- ☐ I chose the full workshop.

I will be attending the Meet & Greet Reception on Thursday, July 26, 6:00PM - 7:30PM, in Garrett College Art Gallery.
(included for all participants)

- ☐ Yes
- ☐ No

Payment arrangements:

- ☐ I will mail/drop-off my payment.
- ☐ Please call me for credit card payment.
- ☐ Please call me - I have questions.
- ☐ Other _____

INFORMED CONSENT/ASSUMPTION OF RISK

I have registered for a workshop sponsored by Garrett College. I understand that participation in this activity/course involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity, instructor, and my physical condition and conduct. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associated with this camp and its activities. I agree that I will follow advised precautions and conform to all rules and policies of the department, instructor, and any other sponsor of this course/activity.

I voluntarily assume all risks of loss, damage, illness, or injury which I may sustain while participating in this camp/workshop and its activities, including travel and usage of any equipment or facilities. I will make no claim against and do hereby fully and unconditionally, forever release, waive, discharge, hold harmless and indemnify, on behalf of myself, my personal representatives and my heirs, Garrett College and its Board of Trustees, officers, agents, and employees from any and all claims and causes of action for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my participation in this camp/workshop and its activities, whether arising through the negligence, omission, default, or other action of any person or event associated with this course or event, including fellow participants.

I have read and understand the above information. I agree to participate in this camp and its activities and grant informed consent, assumption of risk, and release for myself, estate, successors, and assigns.

Signature: (required) _____ Date: _____

Printed name _____