

# Surrender

Registration



**Please read and fill this form completely.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

*For Office Use*

**Tuition paid on:**

How did you hear about us? \_\_\_\_\_

Next of kin to contact in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Please answer the following questions fully. Please use additional document for elaborate answers

1. Who are you, what brought you to this point on your path, and why do you wish to experience this workshop?
2. What do you hope to gain from this workshop?
3. Are there specific topics you would like to have covered?
4. Do you have any health needs or considerations we ought to be aware of? This is important so that we can be fully prepared in case of an emergency.
5. Do you have any dietary restrictions or needs?

## Release of Liability and Indemnification Form

I, the undersigned, understand that The Teaching Drum Outdoor School, Inc. and the Healing Nature Center, hereinafter referred to as TDOS/HNC, does not provide health or liability insurance for its staff, guests, or students.

I hereby acknowledge that I have been advised and fully understand that whether I am visiting, volunteering, or participating in any TDOS/HNC experience, workshop or tour offered at the TDOS/HNC; whether on the organization's premises or other location; for a short or extended period of time, that I may be exposing myself to extreme weather conditions and other potentially dangerous situations in an isolated rural area where access may be limited, and where no immediate medical assistance or facilities may be available. I am aware that the following list describes some, though not all, risks that may result in property loss, injury, sickness, or death: exposure to poison ivy, insects, predators, unpredictable forces of nature such as storms, falling trees, fire, exposure to mold, food, and other natural allergens, sunburn, dehydration, heat stroke, slipping, falling, drowning, and other known or unanticipated risks. Acknowledging these facts and understanding that participation in any capacity may be hazardous, I am voluntarily participating in the TDOS/HNC ongoing activities.

I also state that I am free from medical or physical conditions that can create undue risk as I engage in the workshop, tour, or other experience.

Further, I understand that alcohol, tobacco, drugs, and firearms are not compatible with the methodology of TDOS/HNC, and I will not harbor them during my stay.

I certify that I am healthy and of sound mind, that I have carefully read this agreement, and that I fully understand and agree to its terms and conditions. Therefore I the undersigned, of my own free will, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, assume full risk and responsibility for any bodily injury, death, loss of personal property, damages, or expenses that may result from any involvement with TDOS/HNC. Further, I contractually indemnify and hold harmless TDOS/HNC, and waive and release any and all rights and claims I may have against TDOS/HNC, the United States Forest Service, and any other legal entity or third party with which the TDOS/HNC has a contractual or associated relationship, and each of its agents, representatives, employees, contractors, volunteers, successors, and assigns, to the fullest extent of the law. I hereby waive my right to bargain for different Waiver of Liability terms.

Date \_\_\_\_\_  
Participant Name \_\_\_\_\_ Participant Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

If the above listed participant is under 18 years of age, I hereby declare that I am authorized as their guardian to sign this Release of Liability and Indemnification Form on their behalf, and understand and agree that she/he is bound by all terms and conditions of this document.

Date \_\_\_\_\_ Parent/Guardian Name and Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_