

**2010**  
**Chuck Haney Photography Workshop Registration form**

Name; \_\_\_\_\_

Address: \_\_\_\_\_

City; \_\_\_\_\_ State: \_\_\_\_\_ Zip code; \_\_\_\_\_

Email address: \_\_\_\_\_

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

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Personal information; Do you have any known allergies (ex, insect bites, medications, food) or health conditions we should be alert to?

Please describe \_\_\_\_\_

\_\_\_\_\_

**Please check the appropriate workshop;**

Yellowstone Winter; \_\_\_\_\_ \$1149.00

Arches Utah Spring: \_\_\_\_\_ \$649.00

San Fran Big Sur: \_\_\_\_\_ \$749.00

Mission Valley \_\_\_\_\_ \$649.00

Theodore Roosevelt NP \_\_\_\_\_ \$649.00

Minnesota Autumn: \_\_\_\_\_ \$649.00

Oregon C Gorge Autumn \_\_\_\_\_ \$649.00

Please send your check or money order to:

Chuck Haney  
606 Pine Place  
Whitefish, MT 59937

# Chuck Haney Photography Workshop Liability Waiver

Please carefully read and sign the following document as evidence of your concurrence. Each individual participating in a *Chuck Haney Photography Workshop* must submit a signed copy of this form as part the registration process. Participants under 18 years of age must also include the signature of a parent or guardian.

I am aware that the courses and activities of the *Chuck Haney Workshop* program in which I am participating present certain risks including, but not limited to, bodily injury, death, illness, loss or damage to personal property, and other safety-related dangers. I further understand that these outdoor courses present inherent risks of personal injury or sickness, such as falling, falling rocks, getting lost, traveling in rough terrain, possible creek crossings, stock animals including horses and cattle, forces of nature such as lightning strikes, absence of prompt medical attention, if needed, inadequately marked trails, camp injuries, giardia and infectious or stomach ailments, impure water, and travel by automobile or other conveyance.

I understand these risks, recognize that these dangers cannot be eliminated, and acknowledge other dangers not mentioned may also exist. I understand the physical requirements of participation in these activities and affirm I meet these requirements, and that my physical and mental health is good, and that I am not under a doctor's care for any condition that might endanger other participants or me. I understand that instructors may not possess the required training or equipment to handle incidents that may occur. In case of injury, accident, illness, or my inability to complete these activities, I will bear the full cost of any additional transportation or evacuation procedures performed by *Chuck Haney Workshops* or others.

I certify that I am voluntarily participating in these activities and assume all risks, consequences, and potential liability for this participation. I hereby release Chuck Haney, any landowner, employee of the landowner in which we hold the workshop, the US Forest Service, and other land managers where these activities occur from any and all liability claims, causes of action, debts, and demands that may arise as a result of my participation in these activities. This document shall also serve as a release and assumption of risk for my heirs, personal representatives, executors, administrators, and members of my family. *Chuck Haney Photography Workshops* reserves the right to cancel or change activities without prior notice, and reserves the right to cancel the registration of any participant it determines fails to meet the requirements of these activities. I hereby further consent that any photograph in which I appear taken during my participation in a *Chuck Haney Photo Workshop* activity may be used without compensation to me for the purposes of publicity or advertising in catalogs, flyers, etc.

*Signature of*

*Participant* \_\_\_\_\_

*Print Name of Participant* \_\_\_\_\_

*Date* \_\_\_\_\_

As a parent or guardian of the participant indicated above, I acknowledge reading this form and agree to all the provisions above. In addition to the above release and assumption of risk, I also give my permission for instructors, staff, volunteers, and emergency personnel to make necessary first aid decisions in the event of an accident, injury, or illness to the above named participant.

*Signature of Parent / Guardian* \_\_\_\_\_

*Print Name of Parent / Guardian* \_\_\_\_\_