



# WORKSHOP REGISTRATION FORM PAGE 2



I hereby acknowledge that there are certain inherent risks in participating in a workshop of this nature. I agree that I will not bring claims against the Oregon Department of Fish and Wildlife, its instructors, operators or sponsors as a result of any injuries, expenses or damages I may suffer in connection with my and my family's participation in this workshop, whether such claims are known or unknown in the future.

I hereby grant the Oregon Department of Fish and Wildlife all rights to the use of my and my family members photographic images in perpetuity for any and all marketing and public information campaigns engaged in by the department, and all publications, videos, Web sites or other printed or electronic materials produced by the department or its agents for the department's use and benefit. I understand that, by granting the department these rights, I cede all ownership rights and potential profits from the use of my photographic image, and waive any claim or action of any nature arising as a result of, or in connection with the photographic session and/or use of my photographic image.

**Participant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or guardian must sign if minors are participating.)

**Are you or a family member a vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many \_\_\_\_\_**  
(If you have specific dietary needs, you may wish to bring your own food to supplement what is provided )

**EMERGENCY CONTACT INFORMATION**  
Please provide the names and telephone numbers of two contacts in case of an emergency:  
Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Please indicate any medical condition or medication requirements that we should know about. (heart disease, allergies, diabetes, etc.)

The workshop registration fees include instruction, program materials and supplies, use of demonstration equipment and specified meals.

**CANCELLATION POLICY:** All cancellations must be made in writing or you may e-mail your cancellation to [www.dfw.state.or.us/outdoor\\_skills](http://www.dfw.state.or.us/outdoor_skills) or fax it to (503) 947-6009. No refunds will be given for cancellations received less than two weeks prior to a workshop. Cancellations received two weeks prior to a workshop will receive a full refund minus a 25% processing fee. You may send a substitute participant in your place with advance notification to the registrar at (503) 947-6025.

**QUESTIONS?** For questions about this workshop or the ODFW Outdoor Skills Program, contact Mark Newell, Outdoor Skills Program Coordinator at (503) 947-6018 or by e-mail at [mark.newell@state.or.us](mailto:mark.newell@state.or.us) or Mary Hoverson, workshop coordinator at (541) 962-1826 or [mary.e.hoverson@state.or.us](mailto:mary.e.hoverson@state.or.us).

For questions about your registration contact the program registrar at (503) 947-6025 or by e-mail at [Darene.m.sprecher@state.or.us](mailto:Darene.m.sprecher@state.or.us).



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**Family Day at the Range - May 22, 2010**

**For ages 9 and older**

Minors must be accompanied by an adult for the entire workshop.  
Photocopies may be made of this form. One family per registration form.

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail: \_\_\_\_\_

**PARTICIPANTS**

**Adult Name:** \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
City State ZIP

**2<sup>nd</sup> Adult Name:** \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
City State ZIP

**#1 Youth Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**#2 Youth Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**#3 Youth Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**#4 Youth Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Registration Fee: \$10 per person or \$30 maximum for a family**

**Send payment and registration form to:**  
ODFW/BOW  
3406 Cherry Avenue NE  
Salem, OR 97303-4924

Total Enclosed: \_\_\_\_\_  
**Please make checks Payable to:**  
**ODFW/BOW**

**FILL OUT ALL PAGES OF THIS OF THIS REGISTRATION FORM  
Incomplete registration forms will not be accepted.**