

# *Natural History of the SF Bay Area*

## REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I AM HIKING ON: TUESDAYS OR WEDNESDAYS (circle one)

TUITION: \$240 for 6 classes. Drop-ins: \$45 per class (IF space is available).

PAYMENT AMOUNT ENCLOSED: \$ \_\_\_\_\_

MAIL FORM & CHECK to:

Diane West-Bourke, 552 Bean Creek Rd. #33, Scotts Valley, CA 95066

### LIABILITY WAIVER

I understand that participation in this *Nature Explorations* program may present some risks & hazards including, but not limited to, hiking on & off trail, riding in carpools, buses or vans, travel in remote areas with limited emergency access, & various natural hazards. I declare that I have been fully vaccinated for Covid-19. I pledge to maintain appropriately safe social distance & to wear a face mask whenever it may become necessary in order to reduce risk of contagion. I further certify that I am in good physical condition & am safely able to participate in this program. Therefore, by my signature, I acknowledge & assume any & all risks associated with the foregoing, & agree to hold *Nature Explorations* & Diane West-Bourke harmless from any loss or damage I may suffer as a result thereof.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact #:

\_\_\_\_\_