

The Whale Museum

Participant Registration Form Spring 2010

Program: Marine Naturalist Training **Dates:** April 24, May 1, 8, 15, 22, 23
Fee: **\$375.00** (Includes the Orca Adoption package.) **Please Print Clearly**

Participant's Name: _____

Phone Number: Home: _____ Cell: _____

Mailing Address: Street or PO Box: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact: Name: _____ Phone #: _____

How did you hear about this class? _____

Registration and Refund Policies: Spaces are offered on a first come, first serve basis. Minimum deposit must accompany this form. Please see fact sheet with details specific to this program.

Payment: Amount: _____ Cash: _____ Check #: _____

Credit Card #: _____ Visa/ MC/AE Exp. Date: _____

Security Code: _____ Reservation/ Deposit Date: _____ Processed by: _____

Office Use

Release of Liability

I waive all rights and release all claims that might be had against The Whale Museum, its hired or contracted instructors, and their employees and volunteers, for any and all injuries or losses which may be suffered because of my participation in the above activity offered by The Whale Museum of Friday Harbor, in consideration of the permission of The Museum to participate in the activity. To the best of my knowledge, I have no physical or other conditions which would interfere with my participation. I give permission to have my photo taken during the activity, and to be used for publicity purposes by The Whale Museum.

Signature

Date

If the participant has allergies, takes medication, or has any other condition which may require special attention, please mark box and note condition(s) on the back of the form.

Special medical condition! Please describe on other side.



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