

REGISTRATION FORM

Beyond BOW Women's Hunting 101 Weekend May 4-5, 2019
Amahami Girl Scout Camp, Deposit NY

Open to women who do not have hunter education certification. Minimum age is 18 years old.

First name (on name tag) _____

Last name _____

Phone: Day(____) _____ Evening(____) _____

Address _____

City/State/Zip _____

E-mail address _____

Print clearly – most communication is by email

Are you right handed or left handed ?

How did you hear about this Workshop? E-mail Friend

Social Media Other _____

Special Needs/ Dietary Needs: We will try to accommodate special needs. We cannot guarantee that all dietary needs can be accommodated, but we will try our best. If you have very specific dietary needs, you may want to bring your own food to supplement what is provided (dormitory has a full kitchen available for your use).

Emergency Contact Name and Phone Number: _____

List medical conditions or allergies we should be aware of _____

Checks payable to NY Outdoors Women, Inc.

Send registration form and check to:

Katrina Talbot, NY Outdoors-Woman
625 Broadway, Albany, NY 12233-4754

Registration fee: \$110

Includes lunch & dinner on Saturday, lodging Saturday night, breakfast and lunch on Sunday, snacks, drinks, program materials, equipment and supplies.

Registration will not be accepted by phone, fax, email or in person.

Fee Must Accompany Registration

If your check is returned for insufficient funds/bounced check, you will be charged \$20 and will not be considered registered until the registration fee and bounced check fee is paid in full.

Refund Policy! Read Carefully! If you cancel on or before April 19, 2019 you will receive a refund minus a \$10 processing fee. Registrants who do not attend and who do not cancel by April 19, 2019 will be assessed the full program fee.

**** See Back of page to sign waiver****

Enrollment limit 30. Register early! Workshop space is limited!

FOR OFFICIAL USE ONLY

Registration # _____

Amt. Paid _____ Check# _____

Home county _____

Have you ever attended a Becoming an Outdoors-Woman workshop before? Yes No

Have you ever shot a firearm before? Yes No

Date of Birth ____/____/____

Please read and sign the waiver below.

You will not be registered for the workshop if you alter this waiver in any way.

I hereby acknowledge that there are inherent risks in participating in a workshop of this nature and that I take full responsibility for all action or injury to my person or property that may result by participating. I hereby, for myself and anyone claiming through me, including but without limitations, my heirs, administrators and assigns, release and discharge the New York State Department of Environmental Conservation, Becoming an Outdoors-Woman, NY Outdoors Women, Inc., Girl Scouts of NY PENN Pathways, or the instructors, operators, planners or sponsors of this workshop from all claims for bodily injury, property damage, death, medical expenses and other financial losses occurring to me during the workshop, whether such claims are known or unknown in the future. I understand that medical coverage is not provided for me and I verify that I will be responsible for any medical costs I incur as a result of my participation. I agree to conform to all applicable policies, rules, regulations and standards of conduct, both written and verbal, and I understand and agree that my participation in the workshop may be terminated with no refund of fees if I fail to maintain acceptable standards of conduct. I understand that photographs and/or videos may be taken during the workshop. I grant permission to the agencies, organizations, businesses and individuals named above to use, reproduce and/or publish, in any form, any photographs and/or videos of me while involved in this workshop, including my image, likeness and/or voice, without compensation or payment. I acknowledge the refund policy above. I am a woman at least 18 years of age or will be prior to May 4, 2019 and I do not have hunter education certification. I acknowledge that I have read this document and understand and accept its terms.

Participant's Signature

Date

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