

CLOUD RIDGE NATURALIST'S REGISTRATION FORM

NAME: (Mr./Ms./Mrs./Dr.)

(1)

(2)

ADDRESS:

Street or P.O. Box:

City:

State:

Zip:

PHONE:(Day & Evening)

E-MAIL:

I (WE) WOULD LIKE TO REGISTER FOR:

(1)

(2)

ENCLOSED IS MY CHECK, PAYABLE TO CLOUD RIDGE NATURALISTS, IN THE AMOUNT OF: \$_____ ; PLEASE INDICATE THE TYPE OF PAYMENT BELOW WITH A CHECK MARK:

_____ **Deposit** All deposits are shown in parentheses, payable to Cloud Ridge Naturalists unless otherwise noted. Unfortunately, Cloud Ridge cannot accept credit cards.

_____ **Deposit** (Russian Far East/*Spirit of Enderby* reservations) Deposits of 25% of the total trip cost are required by Heritage Expeditions to reserve space on this trip. You may pay the reservation deposit by credit card directly to Heritage Expeditions. We'll send a special form to facilitate credit card payments upon confirming your space on the trip.

_____ **Full Payment.** The balance for all Cloud Ridge trips is due, less the deposit, 90 days prior to departure.

In addition, I would like to make a tax-deductible contribution to Cloud Ridge Naturalists:

\$ _____ **Cloud Ridge Supporting Membership (\$25)**

\$ _____ **Cloud Ridge Sponsor (\$50 or more)**

Sponsor Premium: CRN Logo T-shirt Size S () M () L () XL ()

_____ **I do not wish to receive a premium.**

\$ _____ **Cloud Ridge International Conservation Education & Research Fund**

ACCOMMODATIONS:

Male Female Your Age _____; Single Preferred Double Two Twins
 Roommate Preferred

SPECIAL INTERESTS: _____

DIET PREFERENCES:

Regular Diet Vegetarian w/Fish Vegetarian no/Fish No Dairy

FOOD ALLERGIES? NO YES Please specify below:

SPECIAL NOTE: ALL OF OUR TRIPS ARE NON-SMOKING

PASSPORT INFORMATION REQUIRED FOR ALL INTERNATIONAL TRIPS:

(1) Name (on passport) _____

Passport # _____ Date of Issue _____

Expiration Date _____ Date of Birth _____

(2) Name (on passport) _____

Passport # _____ Date of Issue _____

Expiration Date _____ Date of Birth _____

Mail your completed form to:

Cloud Ridge Naturalists
8297 Overland Road
Ward, CO 80481

Questions? Contact: Audrey Benedict

Email: cloudridgeadb@earthlink.net

Phone: (303) 459-3248 **Web Brochure:** www.CloudRidge.org

Would you like us to mail a brochure to a friend?

RELEASE OF LIABILITY
THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS
READ IT CAREFULLY

TRIP AND DATE _____

I, _____, desire to participate in the above trip sponsored by Cloud Ridge Naturalists, a Colorado nonprofit corporation. In consideration of Cloud Ridge Naturalists' accepting me for participation in this trip, I hereby acknowledge and agree as follows:

1. The trip may involve transportation provided by Cloud Ridge Naturalists, a common carrier or other means not directly provided by Cloud Ridge Naturalists as well as overnight stays in motels, hotels, or other facilities not controlled by Cloud Ridge Naturalists. Equipment, food, and other provisions may be provided by contractors independent of Cloud Ridge Naturalists.
2. My participation in this trip is entirely voluntary. By undertaking to participate in this trip, I expressly acknowledge that such participation involves risks and obligations that are impossible to predict. These may include, but are not limited to, the risk of loss or damage to my personal property and the risk of sickness, personal injury or death while participating in this trip.
3. I, hereby exempt and release Cloud Ridge Naturalists, its directors, officers, agents, employees, leaders, instructors or volunteers, from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any damage, loss, injury or death to me or my personal property while participating in any aspect of this trip, irrespective of the cause of such damage, loss, injury or death.

It is expressly understood that all such potential losses, damage, or injury are not known and cannot be determined as of the date of this Release, but it is my express intent that this Release apply to any and all such unknown damage, loss or injury. I have thoroughly read and understand the statements and conditions stated herein and agree to the terms of this Release, as noted by my signature below. I am over eighteen years of age, or my legal guardian has read and signed this Release below my signature.

DATE

SIGNATURE

SIGNATURE OF LEGAL GUARDIAN (REQUIRED IF PARTICIPANT IS UNDER THE AGE OF EIGHTEEN YEARS)

I am the parent and/or legal guardian of the above participant. I have read the above Release and fully understand its contents. I hereby consent to the above-named individual's participation in all activities that the participant may engage in and thereby agree to be bound and held by the terms of the Release.

DATE

SIGNATURE