

CHANNEL ISLANDS ADVENTURE TRIP APPLICATION

TRIP DATE: September 10 - 13, 2017

EXPEDITION COST: \$ 950

DEPOSIT TO HOLD SPACE: \$ 200

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

Home Phone: _____ Work or Cell Phone: _____

E-Mail Address: _____ Sex: M F Date of Birth _____

Are you a vegetarian? _____ What type? _____

- I eat chicken I eat fish I sneak bacon

PLEASE LET US KNOW WHO TO CONTACT IN CASE OF EMERGENCY:

Name: _____

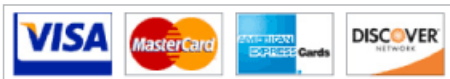
Address: _____

Phone: _____ Relationship: _____

Where did you hear about us? _____

- I have enclosed my check, payable to The SummerTree Institute**
The SummerTree Institute
P.O. Box 307
Morongo Valley, CA 92256
www.summertree.org
info@summertree.org
(760) 363-7229
- Or charge to my credit card:**

Payment Information



Card Number _____ Security Code _____ Exp. Date (mo/yr) _____

Signature _____ \$ _____
Amount

Name _____

Billing Address _____

City _____

State _____ Zip Code _____

CANCELLATION TERMS ...

All cancellations must be in writing and are refundable dependant upon filling your space. We make every effort to maintain waiting lists for each departure. Trip cancellation insurance is available and recommended.

The SummerTree Institute is a 501(c)(3) nonprofit endeavor





RELEASE OF LIABILITY & ASSUMPTION OF RISK

I am aware that during the expedition or other trip activity in which I am participating under the auspices of The SummerTree Institute, Inc., a Non-Profit Corporation, and/or its agents or associates, certain risks and dangers may occur, including but not limited to the hazards of traveling rugged terrain, accident or illness in remote places without medical facilities or availability of timely medical response, the forces of nature, unpredictable wild animals, and travel by air, boat, automobile, or other conveyances. I am aware that the activities described in this paragraph are hazardous activities. I am voluntarily participating in these hazardous activities with knowledge of the dangers involved, and I hereby agree to accept and assume any and all risk of injury or death, and verify this statement by placing my initials here: _____

As consideration for being permitted by The SummerTree Institute, Inc., and/or any of its affiliated individuals or organizations, to participate in these activities and use their facilities and equipment, I hereby agree that I, my assignees, heirs, executors, trustees, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of The SummerTree Institute, Inc. or any of its affiliated individuals and organizations for injury or damage caused by any employee, agent, associate, partner, or contractor of The SummerTree Institute, Inc. or any of its affiliated individuals and organizations as a result of my participation in the activities described in this document. I hereby release The SummerTree Institute, Inc. and any of its affiliated individuals and organizations from any and all actions, claims, or demands that I, my assignees, heirs, executors, trustees, distributees, guardians, and legal representatives now have or may hereafter have or for injury or damage resulting from my participation in the activities described in this document. I have and do assume the risk of the activities described in this document and will hold The SummerTree Institute, Inc. harmless from any and all actions, claims, or demands of any kind and nature whatsoever that I now have or that may arise out of or in connection with my trip or participation in any activities arranged for me by The SummerTree Institute, Inc., and its agents and associates. I also grant to The SummerTree Institute, Inc. all rights, title and interest and use in any photographs (motion, video, still,) and sound that include my likeness with no remunerations.

The terms of this document shall be interpreted pursuant to California law. This document shall not be subject to the rule of language construction against the maker.

I have carefully read this document and fully understand its contents. I am aware that this is a release of liability and a contract between me and The SummerTree Institute, Inc. and/or its affiliated individuals and organizations and I sign it of my own free will.

I have read, understand, and agree to all portions of the brochure, specifically those portions pertaining to terms and conditions, including the policy of cancellations and refunds.

Print name: _____ Date: _____

Signature: _____

This release form must be signed by each individual and returned to our office prior to trip departure. Spouses may not sign for each other. Parents or guardians must sign for participants under age 18.

This information is vital to the success of your trip and must be signed by the trip participant prior to trip departure. Participation will not be allowed on our trips without this signed release.

Any changes to this form are not permitted.