



FULL-DAY REGISTRATION FORM

I/We wish to register for the following tour.

TOUR/LOCATION: _____

DATE (1st Choice): _____

DATE (2nd Choice): _____

HOW MANY PARTICIPANTS: _____

FULL PAYMENT ENCLOSED: _____

Please list all participants signing up for this tour.

1. **NAME:** _____ **Gender:** _____ **Adult/Under 18**

2. **NAME:** _____ **Gender:** _____ **Adult/Under 18**

3. **NAME:** _____ **Gender:** _____ **Adult/Under 18**

4. **NAME:** _____ **Gender:** _____ **Adult/Under 18** (*List additional names on the back of this form*)

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____

E-MAIL ADDRESS: _____

PHONE: _(_____)_____

IMPORTANT MEDICAL & EMERGENCY INFORMATION

Do you or any members of your group have any medical or physical condition we should know about which could prohibit full participation in the tour? Please list; _____

Will you or any members of your group be taking any medications during the tour that a medical professional should be aware of in the event of a medical emergency? Please list; _____

Who should be contacted in the event of an emergency?

NAME _____ **RELATIONSHIP** _____

PHONE 1 _____

PHONE 2 _____

IMPORTANT NOTICE: YOUR REGISTRATION IS EXPRESSLY MADE SUBJECT TO THE TERMS AND CONDITIONS OF THE RELEASE AND ASSUMPTION OF RISK ON THE REVERSE SIDE OF THIS REGISTRATION FORM. PLEASE CAREFULLY READ THE REVERSE, SIGN AND RETURN WITH YOUR PAYMENT. YOU WILL NOT BE CONFIRMED ON THE TRIP UNTIL YOU HAVE SIGNED RELEASE AND ASSUMPTION OF RISK FORM. (only one signed form per group)

Mail completed form and payment to: She Flew Birding Tours, c/o Sue Riffe, 96 Antelope Drive, Lyons, CO 80540



RELEASE & ASSUMPTION OF RISK

I acknowledge and fully understand that I will be engaging in a program that includes physical activity throughout the duration of this outdoor nature tour with inherent risks, and that my assumption of this risk is being relied upon, by She Flew Birding Tours, LLC "She Flew Birding Tours" in providing their services.

I understand that while taking part in the tour, I will take every necessary precaution as instructed, obey all laws, not go outside the scope of my ability level, or deviate from any directions of the Instructor. Furthermore, I recognize the She Flew Birding Tours, LLC ("She Flew Birding Tours"), and its respective owners, trip leaders, instructors, agents, employees, independent contractors, successors and assigns, reserve the right to refuse admittance or ask me to cease and discontinue my participation in the tour if any of them deem, in their sole discretion, that my participation or use of any facilities or equipment may be unsafe or potentially harmful to myself, others, or the equipment.

I understand the importance of using any safety equipment, supplied by She Flew Birding Tours as part of the tour, including but not limited to automobile safety belts and acknowledge by signing below that I will use the same as instructed.

I understand that this is an outdoor activity that may include special and unknown hazards including, without limitation; changing weather conditions, encounters with wildlife, existing and changing trail conditions, rocks, stumps, trees, erosion, collisions and variations in terrain. Despite the risks, I voluntarily choose to participate in the tour and assume all risk inherent in the same.

I understand that She Flew Birding Tours shall not be liable for any delays, deviations, or omissions from the itinerary, program description, or tour caused by circumstances beyond its reasonable control, nor for any direct or indirect consequences thereto.

I understand that for the purposes of my safety and to accommodate any special needs I may have, I agree to advise She Flew Birding Tours of any pregnancy, mental or physical handicap, disability, visual and/or auditory impairment, influence of prescription drugs, or special need. I will not attend the tour or participate in any program of She Flew Birding Tours while under the influence of drugs or alcohol. I understand that as a participant, I will not bring or possess at any time, during any program, ILLEGAL DRUGS and understand and agree to abide by the general rules of conduct prescribed for program participants.

I agree to hold harmless and indemnify and defend She Flew Birding Tours and its respective owners, trip leaders, instructors, agents, employees, independent contractors, successors and assigns, for any loss, cost or damage claimed or incurred by me or any third party arising out of or from my participation in any She Flew Birding Tours program, including, but not limited to, use of equipment, vehicles and facilities, an any loss or damage that results from claims for personal injury or property damage. I will be responsible for all attorney fees incurred in defense of She Flew Birding Tours.

The terms of this release shall be binding upon and inure to the benefit of the parties hereto as well as to their heirs, administrators, personal representatives, successors and assigns. This Release shall be construed according to the laws of the State of Colorado.

The parties agree that any suit arising from its release shall only be brought in the United States District Court for the District of Colorado, or in the Colorado State Courts in Boulder County, Colorado, which courts shall have exclusive venue and jurisdiction.

In the event any of the provisions of this Release are deemed to be invalid or unenforceable, the same shall be deemed severable from the remainder of this Release and shall not cause the invalidity or unenforceability of the remainder of this Release.

I HAVE CAREFULLY READ THIS RELEASE, AGREE TO ITS TERMS AND FULLY UNDERSTAND THAT IT INCLUDES ASSUMPTION OF RISK PROVISIONS AND A RELEASE OF LIABILITY TO THE FULLEST EXTENT PROVIDED UNDER LAW. THIS IS A CONTRACT BETWEEN SHE FLEW BIRDING TOURS AND MYSELF IN EXCHANGE FOR THE RIGHT TO PARTICIPATE IN THE PROGRAM(S) OF SHE FLEW BIRDING TOURS AND USE THE EQUIPMENT AND FACILITIES.

SIGNATURE OF PARTICIPANT:

PARTICIPANT/GUARDIAN IF UNDER 18 YEARS OF AGE:

PRINT NAME: _____

PRINT NAME: _____

DATE: _____

DATE: _____

By my signature, I approve of participation in the She Flew Birding Tours program(s) and use of the equipment and facilities by the minor identified Above with full understanding of the inherent risks associated with the tour.