

2010 FIELD INSTITUTE OF TAOS REGISTRATION FORM

Please send completed and signed forms with deposit check to:
Field Institute of Taos PO Box 486 Arroyo Seco, NM 87514

*A \$100 non-refundable deposit is required with this registration form and liability release to reserve a space.
 Your deposit will be returned if there is no space available. One form per child, please!*

Child's Name: _____

Age (at time of camp): _____ Birth Date: _____ Sex: M F

Grade your child will be entering in the Fall of 2010: _____

SESSION DATES: Please check (✓) NOTE: *PLEASE CHOOSE ONLY ONE TWO-WEEK SESSION.*

- NATURE ADVENTURE MINI!** (\$180) **June 1-4** (4 days; Tues.-Fri.) Entering 1st-3rd grades.
- MOUNTAIN BIKE CAMP!** (\$295) **June 1-4** (4 days) Intermediate riders and above only; ages 12 and up; includes a 3-day riding/camping trip in Colorado.
- NATURE ADVENTURE #1!** (\$360) **June 7-17** (8 days; Mon.-Thurs.) Entering 1st-3rd grades.
- OUTDOOR EXPLORE!** (\$405) **June 21-July 1** (8 days; Mon.-Thurs.) Entering 4th-7th grades; with overnight!
- ADVANCED MOUNTAIN BIKE CAMP!** (\$350) **July 5-9** (5 days) Advanced riders with experience in our cycling programs; ages 13 and up; includes a 4-day riding/camping trip in Colorado.
- NATURE ADVENTURE #2!** (\$360) **July 12-22** (8 days; Mon.-Thurs.) Entering 2nd - 4th grades.
- MOUNTAIN BIKE CAMP MINI!** (\$100) **July 26-29** (4 half-days) Intermediate riders and above; ages 11 and up; riding and skills development; local trails. 9am-noon
- ADVANCED ADVENTURE!** (\$455) **July 26-August 6** (9 days) For returning campers entering 6th grade and up only; two-night backpacking trip included!
- ALPINE JOURNEY!** (\$350) **August 9-13** (5 days) Entering 7th grade and up; 4-day camping trip in Rocky Mountain National Park included!
- OUTDOOR EXPLORE MINI!** (\$270) **August 9-13** (5 days; Mon.-Fri.) Entering 4th-7th grades; with overnight!

PARENT OR GUARDIAN INFORMATION:

NAME		EMAIL ADDRESS		
MAILING ADDRESS				
CITY		STATE		ZIP
HOME PHONE	WORK PHONE		CELL/ALT PHONE	

EMERGENCY CONTACT INFORMATION:

FIRST EMERGENCY CONTACT	HOME PH	WORK PH	CELL/ALT PH
SECOND EMERGENCY CONTACT	HOME PH	WORK PH	CELL/ALT PH

Names of persons other than above who are authorized to pick up your child: _____

PLEASE NOTE: 2 week Nature Adventure and Outdoor Explore Sessions will have multiple groups.

These groups will be together at times and separate at times.

My child would like to be in a group with (you may list up to 2 names below):

1. _____ **2.** _____

We will try our best to accommodate these requests but can offer no guarantees.

Children may be moved to a different session during camp, if necessary.

WE HAVE LIMITED SCHOLARSHIPS AVAILABLE. SCHOLARSHIPS ARE AWARDED BASED ON NEED.

Do you wish to be considered for a scholarship? Yes No

If yes, why? _____

Is your child in good health? Yes No

If "no" please explain: _____

Does your child have any allergies? Yes No

If "yes" please describe: _____

Is your child currently taking any medication(s)? Yes No

If "yes" please list all medications: _____

WE WILL NOT ADMINISTER ANY MEDICATION TO YOUR CHILD

Please tell us anything else that may help us in working with your child: _____

Parent or Guardian Signature

Print Name

Date

For more information, please call (575) 770-2391; fitaos.org or E-mail: info@fitaos.org

Please read and sign liability release and include it with your registration.

THE ENTIRE 3 PAGE, SIGNED APPLICATION (REGISTRATION FORM AND LIABILITY RELEASE) MUST BE RECEIVED WITH A \$100. NON-REFUNDABLE DEPOSIT (per child, per session) TO RESERVE YOUR CHILD'S SPACE.

PLEASE KEEP PAGE FOUR AS IT CONTAINS INFORMATION FOR PARENTS!

Your deposit will be returned if there is no space available.

FIELD INSTITUTE OF TAOS
COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT
AND PHOTOGRAPHIC RELEASE

In exchange for and in consideration of the Field Institute of Taos making its programs (hereinafter referred to as the "Programs") available to me and my Child, and Taos Ski Valley, Inc. making its facilities available, and recognizing that we may decline these services and choose not to participate in the programs, **THE UNDERSIGNED, FOR MY CHILD, MYSELF, AND ANY OTHER PARENT/GUARDIAN OF MY CHILD HEREBY REPRESENTS TO AND CONTRACTS AND AGREES WITH FIELD INSTITUTE OF TAOS** as follows:

I am a parent and/or guardian of the minor child identified below (herein referred to as "my Child"), I have authority to enter into this release and indemnity contract on behalf of my Child, on my own behalf and on behalf of any other parent or guardian of my Child, and I do so **FREELY, FULLY, AND WITHOUT RESERVATION.**

For myself and my Child, I agree and understand that outdoor activities including hiking, camping, bicycling, and riding chair lifts, contain **INHERENT RISKS** and may be **HAZARDOUS ACTIVITIES** and may result in injury or death to my child during his/her participation in the programs. Trail conditions and weather vary constantly. Further, I understand and agree that Taos Ski Valley, Inc. **DOES NOT PROVIDE**, promote, contribute to, subsidize, support, or sponsor **TRANSPORTATION** of any kind in connection with any Filed Institute of Taos programs, whether bus, van, automobile, or other vehicle.

I ASSUME ALL RISKS in connection with my Child's participation in such activities (including all transportation), including, but not limited to, personal injury or death, and **PROMISE NOT TO SUE AND COMPLETELY RELEASE** the Field Institute of Taos, their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "FIT") and Taos Ski Valley, Inc., their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "TSV") **FROM ALL LIABILITY** for any injuries, death, or damages and from any claim by me, any other parent or guardian of my Child, my Child, anyone on behalf of my Child and by my Child's estate, heirs, and assigns arising in any way from my Child's participation in the Programs.

I AUTHORIZE the FIT or TSV to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of Field Institute of Taos, such medical attention is needed for my Child. **I AGREE TO PAY** all costs associated with medical care and transportation for my Child and indemnify and hold FIT and TSV harmless from any costs incurred therein, or any claims arising therefrom.

I CONTRACTUALLY AGREE that any and all disputes between FIT and/or TSV and me and any other parent/guardian of my Child relating to my child's participation in the Programs, and any and all claims for personal injury and/or death, will be **GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO** and the **EXCLUSIVE JURISDICTION THEREOF** will be in the state or federal courts of the **STATE OF NEW MEXICO.**

I grant FIT, the **ABSOLUTE RIGHT AND PERMISSION** to use, sell, and publish photographs of my Child.

I have carefully read the foregoing **COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** and understand its contents, including the jurisdictional agreement. **I ACKNOWLEDGE AND UNDERSTAND** this is a **COMPLETE RELEASE AND INDEMNITY AGREEMENT**, that it includes any and all claims of my Child, me or any other parent/guardian of my Child for any reason, and is a **LEGALLY BINDING CONTRACT.**

I AM AWARE THAT THIS LEGALLY BINDING CONTRACT WILL REMAIN IN FULL FORCE AND EFFECT FOR THE YEAR IN WHICH THE RELEASE WAS SIGNED AND THAT BY SIGNING IT I AM RELEASING RIGHTS OF MY CHILD, MYSELF, AND OTHERS.

Minor Child (Print Name)

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date



www.fitaos.org (575) 770-2391
P.O. Box 486 Arroyo Seco, NM 87514

PLEASE KEEP THIS PAGE FOR REFERENCE.

- BE AWARE THAT **SESSIONS FILL-UP QUICKLY.**
- Due to high demand for our programs, you may sign up for only **ONE 2-WEEK SESSION.**
- **YOU WILL RECEIVE A CONFIRMATION OR WAIT LIST NOTIFICATION BY EMAIL** within two weeks of the receipt of your registration. This confirmation will verify the session for which you child is registered as well as the **BALANCE DUE.**
- BECAUSE OF OUR WAITLIST SITUATION, **WE MUST RECEIVE YOUR TOTAL BALANCE TWO WEEKS PRIOR TO THE FIRST DAY YOUR CHILD WILL BE ATTENDING CAMP.** WE CANNOT MAKE EXCEPTIONS TO THIS RULE.
- Your confirmation will include a **DAILY EQUIPMENT LIST** and a **WELCOME LETTER** with session details.
- IF YOUR PLANS CHANGE AT THE LAST MINUTE, WE MAY REFUND YOUR BALANCE (LESS THE \$100 DEPOSIT) ONLY IF WE ARE ABLE TO FILL THE VACANT SPACE.
- Your confirmation will inform you of any **SCHOLARSHIP AWARDS** you have received.
- The option of requesting who your child would like to be in a group with is just that, an option. **THIS ONLY APPLIES TO "Nature Adventure" and "Outdoor Explore" Sessions** as they will have multiple groups. Keep in mind that these groups will be together at times and separate at times. We will try to accommodate these requests but offer no guarantees. Children may be moved to a different session during camp, if necessary.
- **Please be sure to include your EMAIL ADDRESS** so we can contact you with payment reminders, as well as regarding special events and any last minute changes.
- **FEEL FREE TO CALL US OR EMAIL US WITH ANY QUESTIONS!**

A non profit 501(c)3 organization providing active, hands-on outdoor education and promoting healthy lifestyles since 1996.