



Workshop Application

Workshop title and date: _____

Applicant's Information

Name: _____ Email: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact Name and Phone Number: _____

Medical Conditions/Medications: _____

Applicant's Goals and Experience

Please describe your photography experience and what you would like to accomplish during this workshop. Whether you want to learn techniques, build upon your creativity, or just want to come home with some great images, your response will help us to tailor the class to fit students' needs.

We can project both 35mm slide and digital images for critique sessions.

What format will you be using: 35mm Film Digital Other
(E-6 Processing is available for a small fee)

Payment

Full payment is required to reserve a spot in the class. Class sizes are limited and students are accepted on a first come first served basis. You may pay by cash, check, or major credit card.

Workshop Cost: _____

Credit Card Number: _____ Exp Date: __/____

Name on Card: _____ Authorized Signature: _____

Refunds will be granted on the following basis:

- | | |
|---|------|
| 30 Days or more prior to first day of workshop | 100% |
| 15-29 Days prior to workshop | 75% |
| 24 Hours – 14 days | 50% |
| No refunds granted within 24 hours of the start of the workshop | |

Liability Waiver & Covenant not to Sue

I/we have carefully read the description of the workshop/activity listed above. I/we hereby waive, release and discharge any and all claims against Timothy Faust, Altitude Gallery LTD, its employees, instructors and/or volunteers for personal injury, death or property loss I/we may have or which may accrue as a result of participation in said activities. This release is intended to discharge in advance Timothy Faust, Altitude Gallery LTD, its employees, instructors and/or volunteers from any and all liability arising out of my/our participation in said activities, even though that liability may arise out of the carelessness, negligence on the part of the persons or entities mentioned above. It is understood that these activities involve an element of danger and risk, and knowing those risks I/we assume those risks. It is further agreed that this waiver, release and assumption of risks is binding on my/our heirs and assigns. I/we agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they might incur as the result of my death or injury or property damage that I/we might sustain while participating in said activity.

I understand that along with the beauty in wild places, there is also inherent danger in visiting and photographing them. I further understand that workshops may be held in dangerous outdoor locations which may include but are not limited to such hazards as steep cliffs or high heights, difficult hiking, scrambling or climbing on dangerous and sometimes difficult terrain, rock fall, ice, snow, swift moving water, flash floods, and dangerous weather conditions such as extreme heat and cold, snow, rain, and/or lightening. I agree that I will be in good physical health and have proper clothing and footwear for changing and dangerous weather conditions.

Parental consent: I hereby consent that my son/daughter _____ may participate in the above activities described in this brochure or prospectus, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activities. I hereby agree to indemnify and hold the above mentioned persons and entities free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activities.

I/WE HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I/WE UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF/OURSELVES AND TIMOTHY FAUST AND ALTITUDE GALLERY LTD AND I SIGN IT OF MY FREE WILL.

PRINTED NAME

SIGNED

DATE

PRINTED MINORS NAME

SIGNED

DATE