



Inland Empire

Oak Glen Retreat

September 6 - 8, 2002

PERSONAL INFORMATION

YOUR NAME: _____
ADDRESS: _____
CITY/STATE/ZIP _____ PHONE _____

REGISTRATION FEES

	Member	Non-Member	
TOTAL	\$35.00	\$45.00	Do you need transportation Y N
Are you staying in: Tent <input type="checkbox"/> RV <input type="checkbox"/> Size _____ ft			Can you provide transportation Y N
Are you staying with someone else? If yes, who? _____			Do you need equipment Y N
			Can you share equipment Y N

Waiver of Liability, Medical Release and Assignment

I am aware that my participation in GREAT OUTDOORS may include potentially hazardous activities and I am voluntarily participating in these activities with the knowledge and the understanding that I will use my own best judgement to avoid injury to myself and others. I agree to follow the directions of the trip leader and abide by the rules of the facility I am using. I hereby release GREAT OUTDOORS, including its officers, trail or trip leader, agents or other persons working with said organization from any liability for injuries, physical or mental, which I may suffer by reason of participation in these activities. I recognize in waiving this liability, I am assuming sole responsibility for my actions and cannot blame any other person connected with GREAT OUTDOORS, INC.

I hereby agree to assume full financial responsibility for any and all bills incurred by me for medical treatment as the result of my participation in the GREAT OUTDOORS activity. In the event I am unable to consent to medical care, I hereby authorize the trip leader to consent to emergency medical treatment for me, including hospitalization and surgery as may be best determined under the circumstances.

Signature _____ Date _____

Emergency Contact _____ Relationship _____

Phone _____ Health Insurance & policy # _____

Physician Name and Phone _____

Make Check Payable to:
Great Outdoors
Mail check & registration form to:
Wayne Kiser
9237 53rd
Riverside, CA 92509

TRIP LEADER USE ONLY

Date ___ / ___ / ___ Amt _____

Check # _____ Cash _____

Questions: 909/685-6715 please no calls after 8pm