

ULTIMATE OUTDOOR ADVENTURES

Registration Form

(one form per person, please print)

Mail to: 29-7155 MacPherson Ave. Burnaby, BC V5J 5G9

Name: _____ Birth Date: _____ Sex: _____
 Address: _____
 City: _____ Prov. _____ Postal Code _____
 Phone: (____) _____ E-Mail: _____

Event/Workshop Name	Date	Location	Cost
ie. Navigational Techniques AR	Jun. 6, 2003	Central Park	\$100
25% of total costs is required to reserve a spot-only refundable if another person fills your spot. Make cheques payable to "Ultimate Outdoor Adventures"		Subtotal:	
		Less Discount/ Coupon:	
		Total:	
		Deposit:	
		Balance Due:	

Would you like to be put on the UOA e-mail newsletter listing? Yes ___ No ___
 Compass Rental? Yes ___ No ___

Where did you hear about Ultimate Outdoor Adventures?

WAIVER

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, recognizing that orienteering is a hazardous sport, hereby forever release, discharge and hold harmless Ultimate Outdoor Adventures, Orienteering Association of B.C., and Canadian Orienteering Federation representatives and agents and any and all persons who own or occupy the lands which may be used for this event, for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in the events and activities which I am hereby entering. I will provide the organizers with all MEDIC-ALERT or medical information that they should be aware of.

I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above waiver.

Print Name: _____ Signature: _____