

Lake and Stream Ecology and Water Quality Workshop

**NeSoDak Environmental Learning Center
Enemy Swim Lake – Waubay, South Dakota
June 1-3, 2020**

Registration Form (Deadline May 15, 2020)

Name: _____

Title: _____

Organization/School: _____

Grade: _____ Subject Taught: _____

Address: _____

City: _____

State _____

Zip Code: _____

E-mail Address

Work: _____ Home: _____

Phones: _____

Attending for:

_____ 2 Day Workshop – For Fun and Enrichment Only (June 2-3)

_____ 2 Day Workshop – 1.3 Continuing Education Unit (CEU) (June 2-3)

_____ 3 Day Workshop – For Fun and Enrichment Only (June 1-3)

_____ 3 Day Workshop – For 2.0 CEU (June 1-3)

_____ 3 Day Workshop – 1 under-graduate/graduate credit (June 1-3)

Will you require overnight lodging at the camp? (No charge for lodging)

May 31 _____ June 1 _____ June 2 _____

(For those arriving the evening of May 31st what is your estimated time of arrival _____ pm)

Do you have any special dietary restrictions or needs? Please describe below.

The following meals are available at no cost to participants; lunch and supper on June 1; breakfast, lunch and supper on June 2; and breakfast and lunch on June 3.

For those staying overnight on May 31st breakfast will be available the following morning (June 1).

Yes, I want breakfast on June 1 _____

I hereby give permission for the Day Conservation District and representatives, to take and use: photographs and/or digital images of myself for use in grant reports, news releases, websites and/or educational materials. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of the Day Conservation District.

Name

Date

Send completed registration form to:

Dennis Skadsen
Day Conservation District
600 East Hwy 12, Suite 1
Webster, SD 57274

or e-mail a scanned copy of completed form to;
dennis.skadsen@sd.nacdnet.net

Day Conservation District

WAIVER OF LIABILITY, INDEMNIFICATION, MEDICAL RELEASE

✓ Please print and complete the following:

Name: _____
(First, Middle Initial, Last)

Mailing Address: _____
(Street, Rural Route, Box Number) City State Zip

Phone Numbers: (_____) - _____ - _____ (_____) - _____ - _____
Area Code And Home Phone Number Area Code And Cell Phone Number

Birthdate: ____/____/____
Date Of Birth (M, D, Y)

Said undersigned does hereby represent and assigns to:

- (a) Waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, Day Conservation District, its officers, agents, employees, and all volunteers assisting with the event; and
- (b) Indemnify and hold harmless the Day Conservation District, and its officers, agents, employees, and all volunteers assisting with the event from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event; and
- (c) Authorize consent for medical treatment to the participant which may be deemed advisable in the event of injury, accident or illness during this activity; and

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above.

Signature of Participant: _____ Date: ____/____/____