



Registration Packet

Register for our workshops in four easy steps:

1. Call us and reserve a spot in the class and to just to say hi and introduce yourself.

Call us at: 503.863.8462

2. Download this registration packet. If you're reading this, you're on the right track.

3. Pay for the workshop online from the workshop page via Paypal or let us know after speaking on the phone that you will include a check when you mail in this registration packet.

4. Fill it out and mail this registration packet to us. In a pinch you can bring it to us the day of class, but we prefer to not have to deal with paperwork on the day of a workshop so please send it in early. Classes must be paid for by check or paypal in advance. We will only accept cash payments on the day of class.

Mail to: Rewild Portland
 PO Box 6582
 Portland OR 97228

Registration Deadline

Rewild Portland must receive a completed registration form and full payment within 7 days of a reservation. Exceptions are made on a case-by-case basis. Please call and discuss your situation.

Confirmation

Within a few days of receipt of your completed registration packet you will receive a confirmation phone call and an e-mail that will include a list of what you will need to bring to the workshop. Do not consider yourself enrolled in a workshop until you have received verbal confirmation from a staff member of Rewild Portland.

Cancellation and Refunds

- Cancellations made less than 14 days from program start date cannot be refunded. Registrations and fees are non-transferable.
- If you cancel 14-30 days prior to program start, 1/2 of the program fee will be refunded.
- If you cancel 30 days prior to program start, the total fee is refundable (minus 20% cancellation fee)
- Each workshop registration is held to a 20% cancellation fee.

REWILD PORTLAND
PO Box 6582
Portland OR 97228
503.863.8462
www.rewildportland.com



Registration Form

Workshop Title: _____
Name _____
Nickname _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Phone# _____
e-mail address _____

Emergency Contact _____
Emergency Phone# _____

Dietary Restrictions:

How did you hear about Rewild Portland?

What interests you most about the workshop you chose?

What is your experience with the subject matter of the workshop?

What workshops would you like to see offered?



Medical Waiver

Support, Health and Medical Information (Confidential)

Allergies: _____

Any condition now requiring regular medication?

Any restriction of activity for medical reasons?

Special considerations we should be aware of (ie diet, walking needs)?

Physician's Name: _____

Phone _____

Insurance Company _____

Insurance # _____

In case of emergency conditions, if Mythmedia, dba Rewild Portland, staff is unable to contact me or my emergency contact, in case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly for me. In consideration of my participation in the programs, I hereby release, waive, and discharge Mythmedia, dba Rewild Portland, and all of its instructors, employees, officers, directors, agents, sponsors and volunteers from any and all liability to me, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to me or to any person or property arising out of my participation in the program, and of future use of materials and other objects created during this trip, whether on Mythmedia, dba Rewild Portland premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Mythmedia, dba Rewild Portland, or any of the individuals listed above. Mythmedia, dba Rewild Portland, has the right to use student drawings, journal excerpts, video and any photos taken during the field day for promotional purposes for itself and affiliates.

I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS, THE WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN THE REWILD PORTLAND PROGRAM.

Participant Signature

Date



Media Release

Authorization to Reproduce Photograph and Likeness

NAME _____

ADDRESS _____

PHONE _____

I hereby grant Mythmedia, DBA Rewild Portland, and additionally any and all persons and or entities for whom and with whom Mythmedia, DBA Rewild Portland, is acting, full authorization and absolute right and permission to sell, assign, convey, reproduce, copyright, use and/or publish my photograph, likeness and/or name in any photograph in which I may be included -- in whole, in part or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise -- made through any media at any time or place for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever. As used in this Release, "photograph" means any photograph or photographic reproduction -- still or moving on film or videotape or other medium (whether or not known or yet discovered or developed) -- in which I may be identifiable or otherwise appear or be depicted.

I hereby waive any and all rights that I may have to inspect or approve any finished product or any advertising copy which may be used in connection herewith, or any use to which it may be applied.

I hereby release, discharge and agree to hold harmless Mythmedia, DBA Rewild Portland, its nominees, designees, successors and assigns, or others for whom and with whom they are acting or may act, from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise or from any change that may occur or be produced in the taking of said photograph or in any processing tending towards the completion of any finished product, unless it can be shown that said use or change is solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn or indignity.

I agree to stay the entire duration of the filming process

I am over the age of 18.

Signature

Date