Earth	K 2 EA Skills Edu GWIN   94508   www.ba	cation	
Course Name			
Previous Class or Experience			
Email Pleas	e write neatly, your conf	Phone # irmation and equipment list	t will be emailed to you.
Name (Last, First, M.I.)			
Home Address	Cit	y State	Zip/Postal Code Country
Occupation	M / F	Single / Married	Date of Birth
Why do you want to attend thi	is class?		
	HEALTH AND	EMERGENCY INFORM	ΛΑΤΙΟΝ
Emergency Contact (Name)		Relationshi	

Allergies / Health / Special Diet Information

## Waiver and Release

In all classes, demonstrations, and excursions conducted by Geoff Barnes and individual associates, reasonable care is taken to prevent serious injuries and to minimize accidents. The student states that he/she is fully aware that wilderness skills including survival, tracking, and nature awareness training, even under the safest of conditions may be dangerous, and the student hereby agrees to accept full responsibility and assume all risks; including those caused by acts of God, injury, death, and/or loss to his/her person and/or property knowingly and voluntarily. The student agrees to obey the rules and regulations that Geoff Barnes and individual associates put into effect to minimize these risks. The student knowingly, voluntarily, and irrevocably waives any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by Geoff Barnes and individual associates, as a student, participant, spectator, and/or visitor; or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations of said wilderness skills including survival, tracking, and nature awareness training.

Carnivore / Vegetarian / Vegan / Other

The student certifies that he/she is physically able to participate in the said wilderness skills including survival, tracking, and nature awareness program despite the rigors and dangers inherent in such an undertaking. The student accepts all responsibility for injury, death, and/or loss to his/her person and/or property, including those caused by acts of God, for the rigors and dangers inherent in the undertaking. My signature below indicates my acceptance of these terms and my desire to participate in this class as taught by Geoff Barnes and individual associates. I acknowledge that should I fail to notify Geoff Barnes of my cancellation at least 48 hours prior to the first day of the class, my signature conveys authority to Geoff Barnes to keep the full amount.

Prices and policies are subject to change without notice. Visit our website for the most up to date information.

Send your questions or concerns to: info@back2earthschool.com or (707) 287-3411

For your application to be complete, you must make your check or money order payable to Geoff Barnes and include it with this application. Payments made with cash must be submitted by hand, not by mail.

		Payment Enclosed: \$
Signature of Applicant	Date	
Signature of Parent / Guardian if under 18	Date	Cash / Cashier's Check / Check