

The Whale Museum Participant Registration Form

Marine Naturalist Training Program

Summer 2017 – August 2, 3, 4, 5, 7, 8 with one day break on Aug 6

Tuition Rates:

\$ 425.00 Member Rate (for members of The Whale Museum or /Orca Adopters)

\$ 475.00 Non-Member Rate (Includes Orca Adoption/Whale Museum membership)

Please Print Clearly **Non Member** **Member**

Participant's Name: _____

Phone Number: Home: _____ Cell: _____

Mailing Address: Street or PO Box: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact: Name: _____ Phone #: _____

How did you hear about this class? _____

Registration/Refund Policies: Space is available on a first-come, first-serve basis. Payments may be made online at The Whale Museum's website (www.whalemuseum.org). Credit card information, cash, or check can also be submitted with this form at the museum or via mail. At minimum, a 50% deposit must be made at time of registration and full payment received by July 1, 2017.

Cancellations: Tuition is fully refundable up until four weeks before the start date of the course. Within four weeks, we can only provide a full refund if your space in the program is filled. If not filled, cancellations between two to four weeks can be issued a 50% refund. No refund can be issued on cancellations received less than two weeks before the start of class. Refunds, if any, are processed on or after the first day of class. The Whale Museum reserves the right to cancel the program at any time. In the event the program is cancelled, you will be issued a full refund.

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|-------------------|------------------------|----------------------------------|---------------------|
| Office Use | Payment: Amount: _____ | Cash: _____ | Check #: _____ |
| | Credit Card #: _____ | _____ Visa/ MC/AE | Exp. Date: _____ |
| | Security Code: _____ | Reservation/ Deposit Date: _____ | Processed by: _____ |

Release of Liability

I waive all rights and release all claims that might be made against The Whale Museum, its hired or contracted instructors, or their employees and volunteers, for any and all injuries or losses which may be suffered because of my participation in the above activity offered by The Whale Museum of Friday Harbor, in consideration of the permission of The Museum to participate in the activity. To the best of my knowledge, I have no physical or other conditions which would interfere with my participation. I give permission to have my photo taken during the activity, and to be used for publicity purposes by The Whale Museum.

Signature Date

If the participant has allergies, takes medication, or has any other condition which may require special attention, please mark box and note condition(s) on the back of the form.

- Special medical condition? Please describe on other side.
- Food allergies or sensitivities? Please describe on other side or on separate page



Questions and/or this form can be submitted to:
Tracie Merrill, Education Curator, The Whale Museum
P.O. Box 945, 62 First St. N., Friday Harbor, WA 98250
tracie@whalemuseum.org, phone (360) 378-4710 ext. 23; fax (360) 378-5790