

UNM RECREATIONAL SERVICES GETAWAY ADVENTURES PROGRAM ENTRY FORM

Activity _____ Event Date _____

Name: _____ Email: _____ DOB _____ / _____ / _____

Full Current Address: _____

Home Phone: _____ Cell Phone: _____

In consideration of the acceptance of my application for entry in the event, I hereby waive, release and discharge any and all claims for damage, for death, personal injury or property damage which I may have hereafter occur to me as a result of my participation in the said event. I also give permission to UNM Recreational Services and GEO to use photographs in publications and Web site. SORRY, NO REFUNDS FOR CANCELLATIONS 7 DAYS OR LESS PRIOR TO THE EVENT.

Participant Name: Print _____

Participant Signature (Guardian if under 18) _____

Date _____

Relevant Medical Information (e.g. allergies, special conditions): _____

Medical Insurance Company: _____

Contact in case of an emergency: _____

Fitness level: Excellent Good Average Fair Poor

If activity is outdoors, they may be vigorous; you should expect to engage in active participation _____ (INITIAL).

Please help us to serve you better! If you have time please fill this box out. All Questions Optional.

1. How are you affiliated with UNM? Student Faculty Staff Community Member

2. How did you learn of this event? Flyer Radio Newspaper TV Web Other

****For Overnight Trips**

Who would you like to room with? _____

Special Dietary Needs: _____

RECREATIONAL SERVICES USE ONLY

Date: _____ Amount Paid/Total Payment: _____ Type of Inv. Payment: _____ Initials: _____

NOTE: Other participants being paid for are still required to fill out an application! On their application the amount paid will be zero and the type of payment will be the same as the individual making the payment.