UNM Recreational Services Getaway Adventures Program Entry Form

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Name: __________________________ Email: __________________________ DOB: __/__/__

Full Current Address: __________________________________________

Home Phone: __________________________ Work 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 or which may hereafter occur to me as a result of my participation in the said event. I also give permission to UNM Recreational Services to use photographs in publications and Web site. SORRY, NO REFUNDS FOR CANCELLATIONS 7 DAYS OR LESS PRIOR TO THE EVENT.

Participant Signature (Guardian if under 18): __________________________ Date: __/__/__

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

Medical Insurance Company: __________________________________________

Contact in case of emergency: __________________________ Phone: __________________________

Fitness Level: Excellent  Good  Average  Fair  Poor
If activity is outdoors, they are usually vigorous, you should expect to engage in active participation ______ (Initial)

Please help us to serve you better! If you have the time, please fill this box out. All questions optional.
1. How are you affiliated with UNM? (Student, Faculty, Staff, Alumni, Community) ___________
2. How did you learn about this event? (Flyer, Radio, Newspaper, TV, Web, Other) ___________
3. How long have you been in New Mexico? ___________
4. How often do you use Getaway Adventures per semester? First Time 2 3 More
5. Do you participate with: Friends Relative(s) Alone
6. Comments: __________________________________________ Thank You!

Recreational Services Use Only

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

Complete steps 1 & 2 IF paying for other participants:
1. # of participants paying for: __________
2. Participants Names: __________________________________________

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

Participants Event Pass (To be presented at event)

Event: __________________________ Date Registered: __________________________

Participants Name: __________________________ Initials: __________________________

If Getaway Adventures must cancel an activity due to unforeseen events, (e.g. bad weather, natural disasters, instructor illness) we will reschedule the activity or issue a credit when possible. I, the participant, understand there will be photos taken of this event and my image may be used on promotional material. SORRY, NO REFUNDS OR CANCELLATIONS 7 DAYS OR LESS PRIOR TO THIS EVENT! NO REFUNDS FOR ABSENT PARTICIPANTS ON DAY OF EVENT.