

2019 PHOTO WORKSHOPS FOR NATURE PHOTOGRAPHERS with Tim Ernst

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____

___ **April 27, 2019 (Saturday) ~ One Day Workshop For Novice Photographers, \$399**

___ **April 28, 2019 (Sunday) ~ One Day Workshop For Novice Photographers, \$399**

___ **June 30, 2019 (Sunday night) ~ One NIGHT Nighttime Workshop For Digital Photographers, \$399**

___ **July 1, 2019 (Monday night) ~ One NIGHT Nighttime Workshop For Digital Photographers, \$399**

___ **October 26, 2019 (Saturday) ~ One Day Workshop For Novice Photographers, \$399**

___ **October 27, 2019 (Sunday) ~ One Day Workshop For Novice Photographers, \$399**

Class size is limited to 6-8 students per class (minimum age is 18)

DEPOSIT AND REFUND POLICY A *non-refundable* \$50 deposit will reserve a spot in one of the above workshops. The balance of your workshop fee is due 30 days before the start of your workshop. If you have paid the full amount of the workshop and have to cancel, the full amount *less the \$50 non-refundable deposit* is refundable *up to 30 days before the start of the workshop*. If you have to cancel after this time, your fee (less the deposit) may be refunded *only if your spot is filled*. If your spot is not filled, there is no refund, transfer or credit.

LIABILITY WAIVER AND ASSUMPTION OF RISK. The National Park Service at Buffalo National River requests each student to read and sign the “Visitor Acknowledgement Of Risks” statement on page two of this document. We may be spending some time within the park during the workshop.

I _____, (please sign and print name) have read, understand and fully agree to the terms and conditions of the Refund Policy and Visitor Acknowledgement Of Risks, am physically fit and capable of participating in an outdoor photography workshop, and consent to all terms and conditions as stated above and on page two of this form.

I am enclosing a check/credit card info for \$_____ as deposit or payment for the workshop(s) marked above.

Credit Card # _____ Expiration _____ CVV Code _____

Mail/fax this form along with check or credit card info to:

Tim Ernst • HC 70, Box 230 • Jasper, AR 72641 • Fax—888-334-7086 • PAM@TimErnst.com

FOR DETAILS AND MORE INFO SEE: www.TimErnst.com/workshop.html

VISITOR'S ACKNOWLEDGEMENT OF RISKS
Tim Ernst Photography Workshop Within Buffalo National River

In consideration of the services of TIM ERNST, Doing Business As TIM ERNST, their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereafter collectively referred to as "TIM ERNST", I agree as follows:

Although TIM ERNST has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, TIM ERNST has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. TIM ERNST does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks—

Falling while hiking over uneven terrain; slipping on wet grass or rocks; falling off of a bluff; being bitten by a spider, bee, wasp, or snake; overexertion.

I am aware that participating in an OUTDOOR NATURE PHOTOGRAPHY WORKSHOP entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of TIM ERNST has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

Signature

Printed Name

Date

Address, City, State, Zip

Phone