

2008 FIELD TRIPS **Registration Order Form**



Instructions:

1. Please phone PASF (505) 424-1878 or email pasf@earthlink.net indicating which trip(s) you will be attending.
2. Fill out application below.
3. Read and sign release of liability also included below.
4. Make a copy of this form for yourself.
5. Make your deposit or pay in full by credit card through the link on our website or pay by check.
6. PhotoArts Santa Fe will confirm receipt of your registration materials.

NAME OF Field trip(s) + code number(s)	Tuition	Total
DTF-0801 The Towns and Churches on High Road to Taos	\$125	_____
DTF-0802 The Towns of the Turquoise Trail	\$125	_____
DTF-0803 The Jemez Mountains Loop	\$125	_____
DTF-0804 The Magnificent Landscape of Northern New Mexico and Ancient Indian Dwellings	\$500	_____
FTD-01 White Sands and the Trail of the Mountain Spirits in Southwest New Mexico	\$900	<div style="border: 1px solid black; width: 100px; height: 30px;"></div>

Payment procedure: All fees are in U.S. dollars. We accept checks assuming funds clear before final payment date. Credit card payment is also available. Please see 'Field Trips & Seminars' page of our website.

Please fill in Your Information

Name

Mailing address

City State Zip Home **Y N**

Phone: Home Cell Work

Email address

Occupation Employer

Photography Experience

How long have you photographed?

Are you? **Very experienced** **Moderate Experience** **Just starting**

Do you use: **DigitalSLR** **Film** if yes, which film format?

Transportation: Participants will need transportation in Santa Fe. We wish to keep the number of vehicles used to a minimum. Will you bring a vehicle to Santa Fe? **Y N** Are you willing to transport other participants in your field trip or seminar? **Y N** If yes, how many participants are you able to transport?

Emergency Contact

Contact person Relationship
 Home phone number Work Cell

Release of Liability, Assumption of Risk:

PhotoArts Santa Fe, Inc. Release of Liability, Assumption of risk and Acknowledgment by you

This agreement contains provisions where you surrender certain legal rights

I understand I am required to read carefully and sign this Release of Liability and Assumption of Risk form before PhotoArts SantaFe, Inc. (known as PASF) can accept a deposit to confirm my reservation. I accept PASF, Inc. will assist me in making a reservation for the selection I make in a photo trip/seminar. PASF, Inc. advises and encourages me to obtain for this activity commercially available insurance for: Accidental death and disability, Major Medical, Emergency medical evacuation, Loss of personal effects and Trip cancellation. I am aware travel for photography, whether in civilized or remote areas, by motor vehicle, on foot or other conveyance contains inherent risk of illness, personal injury or death, or loss and damage of personal property which may be caused by negligence of others, forces of nature and other causes known or unknown. I recognize such risks are present at any time before, during and after the trip I am participating under the arrangements of PASF, Inc. and its agents, sponsors and associates. I am aware medical services or facilities may not be immediately available during the time I am participating in the trip I select.

In consideration of, and as part payment for the right to participate in this trip/seminar and the activities arranged for me, I (Releasor) certify I read all of the above and fully understand its content. I agree on behalf of myself to hold PhotoArts SantaFe, Inc. and Santa Fe Camera Center, Inc. its officers, employees, and/or suppliers, supporters and instructors (Releasees), harmless for any accidents, claims, losses, damages, or liabilities, including death, disability, injury, or loss or damage to Releasor or Releasor's property which might occur. I assume expressly any and all risks with respect to the activities and circumstances described here and pledge not to sue Releasees on account of any losses, claims, costs, liabilities or damages. I further agree not to claim the unenforceability of this Agreement. I agree the foregoing obligation shall be binding upon me personally, as well as upon heirs, executors and administrators, and members of my family.

Releasor: Print name

Signature

Date:

Return both completed pages of this application form to:

**SFCA/PhotoArts
P.O.Box 8921
Santa Fe , NM. 87504**

or FAX to **505-424-1878**

PASF will reserve your space when registration order form is complete and your fee paid. Please retain a copy for yourself. Thank you.

If you have any questions please feel free to contact us at pasf@earthlink.net, or by phone (505) 424-1878.