



**BACKCOUNTRY INSTITUTE  
AT CAMP CAROLINA  
REGISTRATION APPLICATION SPRING 2010**

Please check box to who will be responsible for payments

**Name** \_\_\_\_\_  **Organization** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Office Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

*PLEASE INCLUDE EMAIL SO WE CAN SEND YOU ALL COURSE INFORMATION*

**I wish to register for the following courses:**

1. \_\_\_\_\_  
Course Name \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_
2. \_\_\_\_\_  
Course Name \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_
3. \_\_\_\_\_  
Course Name \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

**TOTAL FEES DUE** \_\_\_\_\_

**50% TOTAL FEES**  
**Non-refundable**  
Due at registration

**BALANCE OWED** \_\_\_\_\_  
2 weeks prior to course

**IF YOU WOULD LIKE TO ARRIVE THE NIGHT BEFORE YOUR CLASS OR STAY OVER THE NIGHT AFTER YOUR CLASS ENDS, THERE WILL BE A \$15 CHARGE PER NIGHT. ADDITIONAL MEALS ARE \$5 PER MEAL. MEALS ARE INCLUDED DURING THE DURATION OF YOUR COURSE!**

4. I would like the following extra nights. \_\_\_\_\_ X\$15 = \$ \_\_\_\_\_  
Dates \_\_\_\_\_

5. I would like the following extra meals \_\_\_\_\_ X \$7 = \$ \_\_\_\_\_  
Dates \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

Method of Payment: Cash \_\_\_ Check \_\_\_ VISA/MC/Amex# \_\_\_\_\_ Exp \_\_\_\_\_

**Authorization Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Make all checks payable to **Camp Carolina.**

**YOU MUST SIGN THE LIABILITY WAIVER ON THE BACK SIDE OF THIS REGISTRATION OR YOUR APPLICATION WILL NOT BE ACCEPTED.**

THIS FORM MUST BE SIGNED AND RETURNED TO BACKCOUNTRY INSTITUTE/CAMP CAROLINA WITH YOUR APPLICATION FOR REGISTRATION WILL BE ACCEPTED.

## Assumption of Risk and Waiver Form:

I understand that the training for which I am registering for may expose me to hazards. I understand that I must be in good health to participate and that it is my responsibility to notify the instructors or staff at Camp Carolina of any health conditions I currently have or problems that may arise during training because of them. I am voluntarily choosing to participate in training despite the potential risks as outlined above. I assume all risk of injury or loss of life to myself as well as loss or damage to property arising from my participation in a training course or during any free time on or off Camp Carolina Property.

In consideration of Backcountry Institute/Camp Carolina furnishing services for my training, I hereby release Camp Carolina, its officers, agents, employees and subcontractors from any and all liability for injury, illness, death, or loss or damage to property, which I may suffer while participating in a training course or during any free time on or off Camp Carolina Property.

I understand that I may choose at any time not to participate in any of the training. I further understand that I am wholly responsible for any and all medical bills incurred for treatment for illness or accident, which I may suffer while participating in a training course or during any free time on or off Camp Carolina Property. I have carefully read this statement and understand the contents. I am aware that this is a waiver and release of liability. I am signing it voluntarily.

\_\_\_\_\_  
Participant's Signature                      Printed Name                      Date

Course(s) \_\_\_\_\_

## Emergency Contact Information:

Name \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

**Return To:**  
**Camp Carolina**  
**PO Box 919**  
**Brevard, NC 28712**  
**Phone: (828) 884-2414**  
**Fax: (828) 884-2454**  
[info@campcarolina.com](mailto:info@campcarolina.com)