

Kentucky Society of Natural History Registration Form

Pine Mountain -Fall Conference

October 13-15

Your Name: Last: _____ First: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____@_____ Phone #: _____

Names (as they should appear on badges-please print): _____

_____, _____,
_____, _____

General Registration:

	Number	Cost	Amount
Individuals (over 18) Member.....	_____	X \$25	\$ _____
Individuals (over 18) Non-member.....	_____	X \$30	\$ _____
Student Registration (under 18).....	_____	X \$5	\$ _____

***Accommodations:** Pine Mountain State Resort Park, Pineville, KY Call (606) 337-3066 Mention code **1207**

Lost or forgotten name wallet each... (new registrations are free)..... _____ X \$2.00 \$ _____

Total: \$ _____

Room Night Only Rates

Room Type	Single Rate	Double Rate
1 BR Log Cabin Gas FP	\$110.46	\$110.46
2 BR Cottage	\$127.46	\$127.46
2 Double	\$84.96	\$84.96
1 King	\$84.96	\$84.96
1 Queen Handicap Acc	\$84.96	\$84.96

Waiver of Liability

Member and/or Participant

(Must be executed by All Registrants)

EVENT: Pine Mountain Fall Conference

Date: October 13 - 15

I understand that I am a participant in this field trip/event. I release the Kentucky Society of Natural History and/or its officers from all liability for accident, injury, illness, or loss of property for myself and/or my dependent(s) and agree to indemnify and save harmless the sponsors from accident, illness, or injury to others or loss of their property caused partly or wholly by me and/or my dependent(s) while engaged in any voluntary activity supported by the sponsors.

Please note: In Kentucky and most other states an individual may accept a particular risk of harm resulting from another party's conduct. An express release by which one party agrees to assume the risk of harm arising from another party's negligent conduct will be enforced by the courts so long as it does not release liability for willful or gross negligence and does not otherwise offend public policy. By signing this release, you are not only agreeing that you will not sue the Kentucky Society of Natural History or its officers should one or more of its members or officers cause you harm; you are also protected from being held liable as long as your conduct is not grossly negligent or intentional.

Signatures: _____

Date: _____

Make Checks Payable to KSNH **no later than October 1** and send this form with payment to Mary Alice Bidwell, KSNH treasurer, 141 S. Crestmoor Ave, Louisville, Kentucky 40206.