

**WORTHINGTON FIELD STUDIES, INC.
SUMMER 2010 – PACIFIC NORTHWEST**

**6. COPY OF MEDICAL INSURANCE CARD
(FRONT & BACK)**

Please attach photocopies of the front and back of your medical insurance card to this page. If possible, use scotch tape.

**WORTHINGTON FIELD STUDIES, INC.
SOUTHERN ROCKIES, SUMMER 2003**

**7. COPY OF PARENT'S MAJOR CREDIT CARD
(VISA, MASTERCARD, ETC.)**

Please attach photocopies of your parent's major credit card to this page. If possible, use scotch tape.

**WORTHINGTON FIELD STUDIES, INC.
SOUTHERN ROCKIES, SUMMER 2003**

CANYON VOYAGES RAFTING CONSENT FORM

ACKNOWLEDGEMENT OF RISKS - ACCEPTANCE OF RESPONSIBILITY - RELEASE FORM

FISHER TOWERS TRIP JULY 12, 2003

I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property, and expenses thereof.

In consideration of services to be received, the undersigned, for himself and his heirs and assigns, hereby releases Canyon Voyages and its employees from any liability for claims or lawsuits brought by the undersigned, his heirs or assigns, and arising out of the activities provided by Canyon Voyages except to the extent that damages or injury can be shown to be due to the negligence of Canyon Voyages. I further understand that Canyon Voyages reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in river or land activities.

In consideration of services to be received, I release all rights to pictures taken of me or members of my family during the duration of the river trip or instructional class, which shall be used by Canyon Voyages for promotional purposes.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement is effective and binding during the entire period of participation in the stated activities.

NAMES OF ALL ADULT (age 18 or over) PARTICIPANTS:

Signature for Brian H. Luthy

349 Hennessey Ave., Worthington, OH 43085

Signature for David M. Weaner

191 Nottingham Ct., Westerville, OH 43081

Signature for Jeff Will

388 Hickory Ln., Westerville, OH 43081

Signature for Sara White

5250 Greensedge Way, Columbus, OH 43220

Signature for Jen Kiko

57 Warren St., Columbus, OH 43215

**WORTHINGTON FIELD STUDIES, INC.
SOUTHERN ROCKIES, SUMMER 2003**

9. CANYON VOYAGES RAFTING CONSENT FORM

**ACKNOWLEDGEMENT OF RISKS - ACCEPTANCE OF RESPONSIBILITY
PARENTAL / GUARDIAN RELEASE FORM**

FISHER TOWERS TRIP JULY 12, 2003

I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that the minor children listed below are fully capable of participating in the activities.

I assume full responsibility on behalf of said minor children, for bodily injury, death, loss of personal property, and expenses thereof.

In consideration of services to be received, the undersigned parent/guardian, for himself and his heirs and assigns, hereby releases Canyon Voyages and its employees from any liability for claims or lawsuits brought by the undersigned, his heirs or assigns, and arising out of the activities provided by Canyon Voyages except to the extent that damages or injury can be shown to be due to the negligence of Canyon Voyages. I further understand that Canyon Voyages reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in river activities.

In consideration of services to be received, I release all rights to pictures taken of said minors listed below during the duration of the river trip or instructional class, which shall be used by Canyon Voyages for promotional purposes.

NAMES OF MINOR PARTICIPANT (Age 17 & under):

Name of Minor (PLEASE PRINT)

Mailing Address

City/State/Zip

Minor's Signature

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement is effective and binding during the entire period of participation in the stated activities.

Name or Parent/Guardian (PLEASE PRINT)

Mailing Address

City/State/Zip

Parent/Guardian's Signature

**WORTHINGTON FIELD STUDIES, INC.
SOUTHERN ROCKIES, SUMMER 2003**

WORTHINGTON SUMMER SCHOOL APPLICATION