

**Expeditions Registration Form
Burpee Museum of Natural History**

Personal Info:

Name: _____

Date of Birth: _____ Age _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Emergency Phone: _____

Name and Relationship _____

Registration & Payment:

UTAH:

Sessions: **Session 1** May 24-28 **Session 2** May 31-June 4 **Session 3** June 7-11

If you're not staying all week, which field days will you participate in? _____

Daily Rate: **General** \$150 **Student/Educator** \$125

MONTANA:

Camp Needmore Session: **Session 4** July 25 - 31

Rate: **General** \$950 **Student/Educator** \$850

Medicine Rocks Lodge Session: **Session 5** August 1-7 Rate: **General** \$1,200

Full payment is due by and all registrations must be made by May 10, 2010 for session 1, 2 & 3 or July 10, 2010 for sessions 4 or 5.

TOTAL \$ _____

Method of payment:

Check Number: _____ DL#: _____

Credit Card: Visa Master Card Discover

Card Number: _____ Expiration Date _____

Amount of Payment: \$ _____ Signature _____

Burpee Museum of Natural History's Expeditions
Registration Form (cont.)

Utah Lodging:

Where will you be staying in Hanksville? _____

Montana Lodging:

Camp Needmore's 6 rustic cabins will comfortably house 8 guests per cabin. If you are traveling with a group or spouse, please list potential roommates below.

Medicine Rocks Lodge will accommodate up to 3 couples in private rooms with one double bed in each. The other option for singles and couples is a shared loft with six single beds and 2 bathrooms. Private rooms are reserved for couples and will be assigned in order of registration date. Please list potential roommates below.

Additional Information

1. Do you have any food allergies? Yes____No____
 Please describe:

2. Do you require a specific diet? Yes____No____
 Please describe:

3. Do you have any physical limitations we need to be aware of? Yes____No____
 Please describe and be very specific:

4. Have you had any experience fossil collecting? Yes____No____

5. I hereby give the Burpee Museum of Natural History full permission to use any photographs, slides, videos or other images/media that I may appear in, gathered during the expedition as part of future public exhibits/publications of the Burpee Museum of Natural History.

Please initial here_____

Signature_____ Date_____
(Guardian)

**Burpee Museum of Natural History's Expeditions
Participant Medical Form**

Name _____ Dates/Session # _____

Are you taking any medication regularly now? Yes _____ No _____
If yes, please list

Are you allergic to any medications? Yes _____ No _____
If yes, please list

Are you under a doctor's care for any condition now? Yes _____ No _____
If yes, please explain and list the doctor's name and phone number.

Would your Doctor recommend you as a candidate for this kind of travel?
Yes ___ No ___ If not, tell us why.

Do you have questions about the conditions in Montana? Yes _____ No _____
If yes, please list them.

Have you been diagnosed with any of the following?

- | | | |
|--------------------------------|------------------------|---------------------|
| ___ High Blood Pressure | ___ Heart Disease | ___ Diabetes |
| ___ Cancer | ___ Depression | ___ Hemophilia |
| ___ Back Pain | ___ Anemia | ___ Cystic Fibrosis |
| ___ Developmental Disabilities | ___ Muscular Dystrophy | ___ Asthma |
| ___ Other | | |

Please explain any of the conditions that you have indicated, their treatment and if or how they will effect your experience in Montana or Utah.

Please initial the following statement. I understand that by traveling with the Burpee Museum of Natural History's expedition, I am putting myself at risk for known and unknown dangers including but not limited to: sunburn, windburn, snake bites, bug bites, spider bites, cuts and abrasions, sprained limbs, broken bones, dehydration and loss of life. _____ (initial) _____
(print name)

Burpee Museum of Natural History's Expeditions
Participant Medical Form (Cont.)

INSURANCE INFORMATION

Are you covered by health insurance? Yes____ No____
If **NO**, please read and sign the statement on the back of this sheet to participate. If **YES**, please give the insurance information requested below so that we may provide this to a healthcare provider in the event of accident or illness.

Insured Name & SSN: _____

Health Insurance Carrier: _____

Carrier's Address: _____

Policy and/or Group Number: _____

****PLEASE PROVIDE A COPY OF INSURANCE IDENTIFICATION CARD****

PERMISSION TO SEEK MEDICAL TREATMENT

During the time that I am traveling with the Burpee Museum of Natural History's expeditions between the dates of May 24-August 7, 2009, IF I AM IN NEED OF SURGICAL OR MEDICAL TREATMENT, I AUTHORIZE THE FOLLOWING DESIGNATED REPRESENTATIVE(S) of the Burpee Museum of Natural History Scott Williams, or Marian Michaelis, to seek such emergency surgical or medical treatment.

Name of participant (print clearly) _____

Signature_____ Date_____

(Guardian)

UNINSURED APPLICANTS

If you DO NOT have insurance, please sign the following statement:

I understand that if I require medical attention or am hospitalized while participating in this travel, I am fully responsible for the immediate payment of any costs involved.

Signature_____ Date_____

Release of Liability Regarding
Expedition Trip

This RELEASE is executed on this ____ day of _____, 2010, by

_____ (hereinafter referred to as "Participant"), residing at _____, Participant, for themselves and their personal representatives, heirs, and next of kin, releases, waives, discharges and covenants not to sue the Burpee Museum of Natural History, its officers and members, promoters, sponsors, owners, or their successors and assigns, and all other persons, firms or corporations and for each of them, their officers and employees (all referred to as "Releasees"), from all liability to the participant, their personal representatives, assigns, heirs and next of kin, for all losses or damage, and any claim or damage therefore, on account of injury to the person or property or resulting in the death of the Participant, whether caused by the negligence of Releasees, or otherwise, while Participant is for any purpose participating in the trip.

Participant agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost Releasees may incur due to the presence of Participant on site, and during drive to and from the site, and while on museum property for events connected with the trip whether caused by the negligence of the Releasees or otherwise.

Participant assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while on site, during travel to and from the site, and while on museum property for events connected with whether caused by the negligence of the Releasees or otherwise and/or while working in connection with, or for any purpose participating in, the trip.

Releaser agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of Illinois and/or whatever state litigation connected to this release is deemed appropriate, and that if any portion of the agreement is held invalid, it is agreed that the balance will, notwithstanding, continue in full legal force and effect.

Participant, being of lawful age, in consideration of being permitted to participate in the trip, does for themselves, their heirs, executors, administrators, and assigns, hereby release and forever discharge the Burpee Museum of Natural History, its officers and members, promoters, sponsors, owners, or their successors and assigns, and all other persons, firms or corporations and for each of them, their officers and employees, their heirs, administrators and executors of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of, and bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in the trip, or any activities in connection with the trip, whether by negligence or not.

The undersigned declares that prior to the execution of this release, they appraised themselves of sufficient relevant data, either through experts or other sources of their own selection, in order that they might intelligently exercise their own judgment in deciding whether to execute, and in deciding on the contents of, this release, and they further declare that their decisions were not predicated on or influenced by any declarations or representations of the Burpee Museum of Natural History, its agents, or its employees. _____ (Initial here).

Participant further releases all those referred to above as Releasees from any claim whatsoever on account of first aid, treatment or services rendered them during participation in the trip. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not mere recital.

Dated: _____ Signature: _____

Burpee Museum of Natural History
Expeditions



Just a Suggestion

SAFETY

WATER! Sun Block, insect repellent, lip balm, sun glasses, personal first aid items. Each of the Burpee vehicles will have a small First Aid Kit and safety equipment.

COLLECTING

WATER!

Hiking shoes or boots, canteen or water bottle, lightweight backpack or shoulder bag, pocket knife, gardening or leather gloves, walking stick, brushes, trowel, ice pick, butter knife, magnifying glass, film containers or prescription pill bottles, hat, bandana, knee pads or cushion for kneeling or sitting. Toilet paper is always useful. Some of these tools will be available for your use but we do suggest that you bring a rock hammer if you have one you like to use.

COMFORT

WATER! Camp Chair or Lawn Chair.

CLOTHES, please be prepared for a wide range of temperatures, rain gear is not wanted until it's needed. SNACKS, three meals a day is not always enough, bring your favorites and take breaks often.

(Utah) Hotel living is pretty self explanatory BUT, you still might want to bring an extra towel and all of your own toiletries.

(Montana/Camp Needmore) BEDDING, you are responsible for how comfortable you are, so don't sell yourself short. Bring your favorite pillow and sleeping bag, or twin size sheets and blankets. You might even want an electric blanket or heating pad; and some days; a fan & swimwear would make more sense.

TOILETRIES and personal items such as towels, wash cloths, soap and shampoo. Little things like a flash light or lamp, alarm clock, a good book and slippers. Camp Needmore does not get TV stations, cell phone reception but sometimes gets limited radio signals. All of the cabins and the bathhouse have electricity but not heaters. Power strip and extension cords are recommended because of the limited outlets in the cabins.

(Montana/Medicine Rocks Lodge) The lodge is more like a hotel, you will not need your own bedding or towels. Other amenities include laundry facilities, satellite TV, cell phone reception and possibly internet by the summer of 2010.

DON'T FORGET

WATER! Any MEDICATIONS you are used to taking or think you might need. Your binoculars, camera and lots of film/memory.