

# Registration Form

## Solarplate Etching for Botanical Artists

### ► Registration Instructions

1. Complete the information below.
2. Mail your registration form and check to: David Douglas Society, P.O. Box 342, Salem, Oregon 97308.
3. Call 503-302-4645 or email [ImagoBotanica@outlook.com](mailto:ImagoBotanica@outlook.com) if you have questions or special needs.

### ► Registration Information

Participant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

- Solarplate Etching Workshop | May 23-24 | 10:00am – 4:00 pm | \$125/DDS Members | \$150/Non-members
- One-Day Solarplate Sampler | Saturday, May 23 | 10:00am-4:00pm | \$65/DDS Members | \$80/Non-members

The workshop will take place at **Atelier Meridian, 820 North River Street, Portland, OR**. Participants are welcome to arrive a half-hour before the workshop begins each day. Bring a sack lunch and 1-3 drawings laser copied onto transparent film. (Call the number above if you have questions about how to do this.)

### ► Liability Waiver

To the best of my knowledge, I am fully able to safely participate in the activities during the workshop for which I have registered. I will communicate any special needs in writing on this form before the workshop commences. I am fully aware of any risks and hazards connected with participation in this workshop and I take sole responsibility for maintaining my health and well-being. I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury, including death, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this workshop. I hereby release, waive, discharge, and covenant not to sue, Catherine Alexander, David Douglas Society, the Society Board of Directors, Atelier Meridian, the workshop instructors, and/or any and all associates, family members, agents, and employees of the aforementioned organizations and individuals (hereinafter referred to as "Releasees") from any and all liability claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while on the tour, or while on the premises where a tour activity is being conducted. It is my expressed intent that this Waiver shall bind the members of my family and spouse and/or domestic partner, if I am alive, and my heirs, assigns and personal representative(s), if I am deceased, and shall be deemed as a release, waive, discharge, and covenant not to sue the above named Releasees. I hereby further agree that this Waiver of Liability shall be construed in accordance with and governed by the laws of the State of Oregon. In signing this release, I acknowledge and represent that I have read this Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

- It's OK to photograph me during the workshop for documentary and educational purposes.
- It's not OK to photograph me.
- I have special needs, allergies and/or sensitivities I'd like you to be aware of (Attach separate sheet, if needed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact (Print Name)

\_\_\_\_\_  
Phone