REGISTRATION FORM

For Costa Rica Plein Air Workshop - January 22-31, 2024

PRINT NAME (as on Passport):						
ADDRESS						
CITY:	STATE	ZIP				
HOME PHONE	CELL PHONI	E				
EMAIL ADDRESS						
ACCOMMODATIONS: Please check						
() I wish to share a () pool view or () ocean view room with another painter.						
Specify name of other painter if known						
				Full Name of Companion		
				PAYMENT: Please check		
() I am enclosing a check with my completed forms for () Deposit () Full payment () I registered and paid my deposit on the Wiegardt Studio Gallery website. () I contacted Wiegardt Studio Gallery by phone to pay my deposit by credit card.						
MEDICAL or DIETARY RESTRICTION						
EMERGENCY CONTACT Name						
In signing below I acknowledge that I hat I the terms and conditions set forth:	nave read the brochure	e and understand and agree to				
SIGNATURE						

^{*}Remittance of this Registration Form and the Responsibility Clause should be mailed to: Wiegardt Studio Gallery—PO Box 1114—Ocean Park, WA 98640

RESPONSIBILITY CLAUSE

For Costa Rica Plein Air Workshop - January 22-31, 2024

Travel insurance is highly recommended, and should be arranged by you.

Wiegardt Studio Gallery (WSG) employees, Eric and Ann Wiegardt, successors, or assigns are not liable for any negligent or willful act or failure to act, of any person, third party or entity which is to, or provides goods or services including but not limited to: transportation companies, equipment suppliers, food service providers of any kind, etc.

I acknowledge that I am voluntarily participating in this trip with the knowledge of the inherent risks and dangers involved including but not limited to: negligence on the part of WSG, its employees, Eric and Ann Wiegardt, physical exertion, forces of nature, transportation failures, consumption of alcohol, risks with food or impure water, civil unrest, terrorism, criminal activity, wild or other animals, failure of equipment, accident or illness without means of evacuation or availability of medical supplies or services or adequacy of medical attention once provided, and lost/stolen/or misplaced luggage or property.

I hereby agree to be responsible for my own welfare and accept any and all risks of delay, unanticipated events, inconvenience, illness, injury, emotional trauma or death. I hereby release and discharge forever WSG and employees, Eric and Ann Wiegardt from and against any and all liability arising from my participation in this trip.

I agree that this release is legally binding upon me, all members of my family and all minors travelling with me, my family and their heirs, successors, assigns, and legal representatives, it being my intention to release WSG and employees, Eric and Ann Wiegardt, successors, affiliates, and assigns from any and all liability to the maximum extent by laws of both in the United States or outside of the United States.

I acknowledge that to participate, I will require a legal passport, and that WSG reserves the right to remove me or any participant it judges incapable of meeting the rigors of activities or who detracts from the enjoyment of the trip by others. I will follow all safety rules presented to me either written or oral by Wiegardt Studio Gallery (WSG).

Print Name:		
Signature:	Date:	
Print Name:		
Signature:	Date:	

Failure to fill out the Registration Form with signature and the Responsibility Clause with signature(s) will be considered an invalid registration and will remove you from the Costa Rica Plein Air Workshop list. All participants (Painters and Non-Painters) are required to complete both the Registration Form and the Responsibility Clause with signature.