

Registration Form
NPSO Annual Meeting, June 1 - 3, 2018
Prineville, Oregon
2018.npsoregon.org

Please register by May 1. No refunds after May 1.
Registration confirmations will be sent about May 10.

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Please read carefully the information about the meeting on the website or in the Bulletin.
You must be an NPSO member to attend the Annual Meeting.

If you are not a member, please send your membership dues directly to the Membership Chair.

Registration fee. _____ people @ \$35/person = \$ _____

Optional Friday evening dinner buffet. _____ people @ \$15/person = \$ _____

Optional Saturday evening dinner buffet. _____ people @ \$20/person = \$ _____

Optional Saturday sack lunch. _____ people @ \$10/person = \$ _____

lunch 1: ___meat ___veg ___GF; lunch 2: ___meat ___veg ___GF

Purchase an Annual Meeting souvenir baseball cap! _____ caps @ \$15/cap = \$ _____

Total payment enclosed = \$ _____

Field trip preferences: Field trips are described in the *March* Bulletin and on the website.
Each registrant please select 3 trips for each day, and write your preferences for 1st, 2nd, 3rd.

Friday afternoon:

Person 1: 1st choice: _____; 2nd choice: _____; 3rd choice: _____

Person 2: 1st choice: _____; 2nd choice: _____; 3rd choice: _____

Saturday:

Person 1: 1st choice: _____; 2nd choice: _____; 3rd choice: _____

Person 2: 1st choice: _____; 2nd choice: _____; 3rd choice: _____

Sunday morning:

Person 1: 1st choice: _____; 2nd choice: _____; 3rd choice: _____

Person 2: 1st choice: _____; 2nd choice: _____; 3rd choice: _____

Please make a note if you want the same trip assignments as another person who has registered separately.

If you'd like to volunteer to help at the meeting, please check here. _____ We'll contact you!

Make your check payable to **NPSO Portland Chapter**.

Send registration form and full payment to:

NPSO c/o Jan Dobak, 13505 SE River Road Apt 3025., Portland, OR 97222 .

The waiver on the back side must be signed – before mailing this form – by each person registering.

Questions: email: nps2018@gmail.com

Please make a copy of this form for your records.



Native Plant Society of Oregon Waiver of Liability and Indemnification Agreement

***** PLEASE READ ALL OF THIS FORM. IT IS IMPORTANT! *****

Thank you very much for coming on an NPSO field trip! The following agreement is necessary for the well-being of NPSO and all field trip participants. We appreciate your understanding.

1. **I understand that I am solely responsible for my own safety at all times.** I acknowledge that **my participation** in any Native Plant Society of Oregon (NPSO) field trip is **purely voluntary**, and I understand that **some parts of the field trips may be hazardous** and my result in the damage or loss of my property or in my injury.
2. **I agree to take full responsibility for my own medical needs.** I am aware that trips require physical outdoor activity and have certain risks inherent with exposure to nature and natural processes. I certify that I have no health or physical problems which would interfere with my participation.
3. **I understand that horseplay, roughhousing, shoving, contact sports, or other such activities are not appropriate and not allowed on NPSO trips.**
4. **I agree to stay with the group.** If I need to vary for any reason, I will do so only with the permission of the leader.
5. **I understand that transportation to the beginning of the trailhead or field site is not part of any NPSO-sponsored activity.** Although NPSO suggests carpooling to save gas and reduce pollution, I agree that if I carpool, it is an independent activity organized by myself and other individuals on our own initiative and at our own risk.
6. **I hereby agree for myself and for my heirs, representatives, agents and assigns, that I will not hold the NPSO liable.** I will waive and release any claims, demands or actions against them, for any damages to or loss of my property, or for my illness, injury or death, which results from or arises in connection with any NPSO field trip other than that which results from gross negligence.
7. **The persons and organizations covered by this agreement are:**
 - **NPSO**, its officers or members, and
 - **Any other participant(s)** in field trips including any people invited by any NPSO member(s), and
 - **Any of the agents or employees of the above** persons and organization.
8. **In addition, I agree to indemnify the above people for any claims made against them** on my behalf or otherwise, as a result of any damage to or loss of my property, or as a result of my injury or death, resulting from or arising in connection with the NPSO field trips, other than that which occurs as a result of the gross negligence of that person(s).

I / WE HAVE READ THIS ENTIRE FORM, AND AGREE: *Each registrant must sign!*

Signed: _____

Printed Name: _____

Date: _____