

OUR Short Workshop Registration

Workshop: _____ Dates: _____

Please fill out this registration form and mail along with the workshop fee to:

O.U.R. Ecovillage
Box 530
Shawnigan Lake, BC
V0R 2W0 Canada

Cancellation Policy: Workshop fee will be refunded in full (minus \$100 administration fee) if notified at least 1 month prior to the workshop start date, after that time, all payments are forfeited. (Please forward your workshop payment in full one month prior to start date at latest).

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail Address: _____

Emergency contact information: _____

Medical Information: Please outline any medical condition that we need to be aware of.

Food issues (though we may not be able to serve all issues):

I am vegan I am vegetarian I eat meat & fish

I request: camping ____ (\$15 pp/night) or Eco GuestHouse (\$50 single/\$65 double) _____
meals (\$7 meal or \$20/day) for which days _____

We are asking everyone to car pool, as parking is limited and to encourage carbon reduction.

I would like a ride from _____ I can offer a ride to ___ people
from _____

How did you hear about this workshop? _____

WAIVER AND RELEASE OF LIABILITY

I, _____ am aware that construction activities, building materials, hand and power tools, and any and all work sites can be dangerous and there is a risk of personal injury.

I acknowledge that OUR ECOVILLAGE/OUR COMMUNITY ASSOCIATION, COBWORKS, Elke Cole, Brandy Gallagher, Trent Berg and the staff, students, volunteers and residents of these organizations are not responsible for my personal injury caused as a result of the use, misuse, malfunction, attempt to repair or any other operation of hand or power tools, working with animals, machines or as result of any activities which I may be involved in through any aspect of OUR ECOVILLAGE (on or off site). I undertake these activities at my own risk and acknowledge that these organizations and individuals cannot be held liable whatsoever for these activities.

Signature _____

Print _____

Witness _____

Date _____

Signature: _____
Administration for O.U.R. Community Assoc.

PLEASE RETAIN A COPY OF THIS AGREEMENT FOR YOUR REFERENCE