



**Paper Registration Form**

Please fill out one registration form per registrant.

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_

**Rooming Information (please select one):**

I have a roommate (see name below).  
 Please assign me a roommate.  
 I will pay for a single room.  
 Roommate's name: \_\_\_\_\_

**Emergency Contact Info:**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Photography Release**

Yes, UWSP Continuing Education may use my photograph and video presence for promotional or advocacy purposes.  
 Initial \_\_\_\_\_

**Medical Information**

Insurance Provider, Address, Policy Number, and Group Number \_\_\_\_\_  
 \_\_\_\_\_  
 Health Conditions/Allergies \_\_\_\_\_  
 \_\_\_\_\_  
 Dietary Needs: \_\_\_\_\_  
 \_\_\_\_\_  
 Physical Restrictions: \_\_\_\_\_  
 \_\_\_\_\_

<b>Registration Options (circle one):</b>	
General Public	\$319
LIFE	\$299
UWSP Alumni	\$299
Veteran	\$299
<b>Please indicate the session number you will attend in each time slot.</b>	
Sept. 11	Session A:___ Session B:___
Sept. 12	Session C:___ Session D:___ Session E:___
Sept. 13	Session F:___
Kayaking	\$10/session \$ _____
Single Supplement	\$94/person \$ _____
<b>Total Enclosed \$ _____</b>	

Refund policy: Payments are non-refundable unless you find someone to take your place.

**Scholarships Available (please check one)**

I am interested in receiving a scholarship towards this program and would like to be considered for:  
 \$100 scholarship  
 \$200 scholarship  
 I am not interested in a scholarship

**UWSP Release of Liability (REQUIRED)**

I and my heirs, in consideration for my being allowed to participate voluntarily in the Chasing Autumn program through the University of Wisconsin–Stevens Point, do hereby release the University of Wisconsin System and its employees, officers, and agents from any liability for damage to or loss of personal property, sickness and injury from whatever source, legal entanglement and death, which might occur while participating in this event. I also understand and acknowledge that I am responsible for my own well being while participating, and I understand the possible dangers and risks involved in this program.

\_\_\_\_\_  
 Signature of Participant/Date