

**Umpqua Valley and Corvallis Chapters, Native Plant Society of Oregon
2017 Annual Meeting Registration Form
June 9–11, Roseburg, Oregon**

*Please register by **May 7, 2017** (postmarked). No refund after June 1.*

Name(s): _____

Address: _____

City, State: _____ Zip: _____ Phone: _____

E-mail: _____

Registration Fee: (postmarked by May 7) _____ People @ \$15.00/person = \$ _____

Late Registration (May 8 or later) _____ People @ \$25.00/person = \$ _____

Friday Evening Supper (optional) _____ People @ \$24.00/person = \$ _____

Saturday Sack Lunch (optional) _____ People @ \$13.00/person = \$ _____

Choose 1 item per person:

Ham wrap _____

Turkey wrap _____

Veggie wrap _____

Saturday Banquet _____ People @ \$26.00/person = \$ _____

Buffet includes meats, veggies, salads, fruits, bread, and dessert

Sunday Breakfast/Brunch (optional) _____ People @ \$15.25/person = \$ _____

This will be covered for board members attending the board meeting

TOTAL ENCLOSED = \$ _____

Field Trip Preference: Saturday Field trips are briefly described in this issue of the *Bulletin*. More information may be found on the Annual Meeting web site (<http://annualmeeting.npsoregon.org/>). Please select 3 trips and number 1 to 3 with 1 as your top choice. If more than one person is using this form, each person should initial their numbered preference.

- ___ Beatty Creek ACEC*
- ___ Bilger Ridge
- ___ Callahan Ridge
- ___ Cedar Springs Mt.
- ___ Cougar Bluffs
- ___ Fall Creek Falls
- ___ Hemlock Lake
- ___ King Mt. ACEC

- ___ Limpy Rock RNA
- ___ Lookout Mt.
- ___ North Bank MA, Popcorn Swale*
- ___ Tahkenitch Dunes - Threemile Lake trails
- ___ Twin Lakes
- ___ Pyramid Rock
- ___ Roseburg area habitats*
- ___ Wolf Creek Falls (Fri./Sun. only)

Field trips with a * will also be offered as options on Fri. afternoon and Sun. morning.

- Write in Friday afternoon field trip _____ and/or a Sunday morning field trip: _____
- Make your check payable to **Corvallis Chapter, NPSO**.
- Mail check and this form to: NPSO c/o Louise Marquering, 1640 NW Woodland Drive, Corvallis, OR 97330
- **Optional: Please include a self-addressed, stamped envelope** for written confirmation & map.
- Questions? Louise Marquering: (541) 753-0012, patch11@aol.com or Dan Luoma: (541) 752-8860, daniel.luoma@oregonstate.edu

Complete Liability Waiver and return with this form.

(Before returning this form, please photocopy for your own 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 may 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 HAVE READ THIS ENTIRE FORM, AND AGREE:

Signed: _____ Printed Name: _____ Date: _____

Signed: _____ Printed Name: _____ Date: _____

Signed: _____ Printed Name: _____ Date: _____