

## OWLS WFR Course Registration In Conjunction With Dessert Mountain Medicine

**Virginia, Blue Ridge Mountains, Charlottesville Area – This Course is held in the backcountry and includes room and board. See web-site for additional information.**

May 21 – June 1, 2012      \_\_\_\_\_ Cost \$1,200 (Filled First)  
 June 5 – June 16, 2012    \_\_\_\_\_ Cost \$1,200 (Waiting List Course Not Available Until First Course Fills)

**Montana, Big Sky Resort, Bozeman Area - This Course will be held in the Bozeman Big Sky Area and DOES NOT include room and board. See web-site for additional information.**

March 12 – March 19, 2012      \_\_\_\_\_ Cost \$825

**PAYMENTS:**      **Registration for Virginia Closes March 15, 2012 and January 15, 2012 for Montana**  
*A 50% deposit is required to book your program. The deposit is due within 14 (Fourteen) Days of the acceptance of this contract. Final Payment is due 60 (sixty) days prior to the scheduled course date. If payment is not received your credit card will be charged. Credit Card information is required to hold your reservation.*

**CANCELLATION:**      25% of program cost forfeited after contract signing. Total program cost is forfeited for cancellation within 60 days of program date. Programs cancelled within the 60 days may rebook for a later date for the same program with a \$75 rebooking fee and use their forfeited payment. OWLS may cancel program at no cost to participant.

**TRANSPORT:**      Transportation to the site is the responsibility of the client.

**EQUIPMENT:**      Participants should bring their own personal gear and plan to be outside in a camping situation. Participants that take medication, such as; but not limited to: Asthma Inhalers, Epi-Pens, Nitroglycerine are required to have it on their person to participate in our programs.

**RISK:**      OWLS reserves the right at anytime to deny any person participation in the program if it appears that the program may put that person at unacceptable risk. All participants must sign an OWLS Acknowledgement of Risk form.

**INSURANCE:**      OWLS and DMM has liability insurance. Participants must be covered by their own health and accident insurance.

**CLIENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Security Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_



Terms and Conditions at [www.owlsadventures.com](http://www.owlsadventures.com)