



Level 2 Master Gardener Course **MSU/Ravalli County Program Registration Form**

Permission and Assumption of Risk for Participation in
Montana State University Extension Programming

Ravalli County

Date: Mondays, July 16 - September 24 **Time:** 6:30 PM - 9 PM **Location:** Extension Office \ Field Trips
Registration fee: \$80. (Course fee is without the Master Gardener text, same as the text for MG1. If you would like a new text, it will cost an extra \$50). Level 2 T-shirt after the completion of 30 hours of volunteer service.
A spot is reserved once payment has been received (currently cash or check in our office or by mail).

MSU Ravalli County Extension
215 S. 4th Street, Suite G.
Hamilton MT 59840

I hereby request and apply to participate in the above listed Montana State University Extension program. I agree that I will abide by all directions and safety guidelines specified by the course leader(s).

I understand and agree that Montana State University and MSU Extension does not provide accident/medical insurance covering me while participating in the workshop, I hereby assume all responsibility for any injury or illness I might sustain while participating in this program.

In consideration of my participation in this workshop, I hereby assume all the risks associated with participation. I have carefully read the foregoing permission and assumption of risk and sign of my own free will and accord.

Full Name: _____

Address: _____

City: _____ **Zip:** _____

Phone Number: _____ **Email:** _____

T-shirt Size: **Small** **Medium** **Large** **X-Large**

Preferred Method of Contact: Mail Email Phone

Gender: Male Female

Do you have a health, medical, or other condition which we need to accommodate?

No Yes If yes, please explain: _____

The **MSU Extension** may like to use photos or video that was taken during the above event or activity to use in a press release and other publicity related to this event. The photo or film may be used for the following purposes: website, press release, news story, marketing materials, other. For full release information, contact MSU/Ravalli County Extension.

I authorize the use of photos or videos of myself through MSU Extension. No Yes

Signature: _____ **Date:** _____