



**WILD ROCKIES**  
FIELD INSTITUTE

## Adult Program Registration Form

### Participant Information:

Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Tee Shirt Size: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Shoe Size (WRFI provides rubbers boots for courses on the Missouri River): \_\_\_\_\_

How did you hear about WRFI: \_\_\_\_\_

Do you have any food allergies or restrictions?

\_\_\_\_\_

Do you have any physical limitations or health conditions of which we should be aware?

\_\_\_\_\_

While no prior experience is required, it is helpful for our instructors to know what your experience outdoors is; What is your experience hiking, camping, and paddling?

\_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_



## Signature Page

Please read each statement below carefully and initial in the space provided to the left of the statement. All of these documents can be found here.

I have read, understand, and consent to:  
Wild Rockies Field Institute's [Essential Eligibility Criteria](#).

I have read, understand, and consent to:  
Wild Rockies Field Institute's [Student Code of Conduct Agreement](#).

I have read, understand, and consent to:  
Wild Rockies Field Institute's [Photo Release \(optional\)](#).

I have read, understand, and consent to:  
Wild Rockies Field Institute's [Payment Schedule and Withdrawal Policy](#).

I have read, understand, and consent to:  
Wild Rockies Field Institute's [Course Cancellation and Modification Policy](#).

**By signing below, I certify that the information I have provided on this application is accurate and complete, and I agree to the application policies in this document. Typed electronic signatures are acceptable.**

**Participant Name**

**Participant Signature**

**Date**