



Primitive Pursuits

Wilderness Skill Intensives

name _____
 address _____
 city _____ state _____ zip _____
 phone(h) _____ (c/w) _____
 email _____
 preferred method of contact _____
 birth date _____ gender _____
 occupation _____

emergency contacts/next of kin names and phone #'s: _____

 allergies, medical, dietary or other considerations we should know about _____

		Tuition
<input type="checkbox"/>	Advanced Fire Making Intensive Sunday, March 14th, 10am - 3pm	\$35
<input type="checkbox"/>	Spring Survival Overnight Weekend of April 17th-18th, 10am - 10am	\$75
<input type="checkbox"/>	Spring Foraging/Wild Edibles Feast Saturday, May 15th, 10am - 3pm	\$35
<input type="checkbox"/>	Tree ID Walk - Monthly Series First Sunday of every month	FREE
		total for courses checked:
		youth discount (-\$10/course)
		with adult registrant:
		other discount: _____
		total being paid:

Payment in full is required with registration as to provide highest quality programs and to avoid overbooking. These courses are being offered at a reduced price, and refunds can only be given in the form of credit if you are unable to attend. By registering and signing this form I agree to the following: I understand I may be using sharp tools such as knives, hatchets and stones and that I may be exposed to other dangers such as fires, falling objects, and adverse weather conditions. I understand that there are inherent risks in the above activities and I assume full responsibility for any risks, stated or otherwise that may be associated with this program. I have disclosed all pertinent health information that might influence my ability to participate safely in these activities. I agree to hold Primitive Pursuits, and Cornell Cooperative Extension and its employees harmless for any claims, liabilities, or accidents in any way connected with this program. I give permission for my photo to be used for Primitive Pursuits promotional media unless I request otherwise in writing.

Payment Information:

- I am including a tax-deductible gift in the amount of \$ _____
- Check#** _____ \$ _____ Make check payable to **Cornell Cooperative Extension**
- Credit Card#** _____ (MC) or (VISA)?

Name and address if different from above: _____

signature _____
 signature of parent if under 18 _____ date _____

Cornell Cooperative Extension is an equal opportunity provider.

[for staff use only] confirmed on _____
 date Received payment db updated _____

Primitive Pursuits
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