



**Discovery Tours**  
 Laurel Community Education  
 410 Colorado Avenue  
 Laurel, MT 59044  
 406-628-7630

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Special Needs: \_\_\_\_\_  
**E-mail** \_\_\_\_\_

1<sup>st</sup> Emergency Contact : Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work: \_\_\_\_\_  
 2<sup>nd</sup> Emergency Contact : Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work: \_\_\_\_\_  
 Medical problems we should be aware of \_\_\_\_\_  
 \_\_\_\_\_

**Consent Form:** I realize that this and all Exercise and Athletic programs involve certain inherent risks, and regardless of precautions taken by the Laurel School District and Community Education Department or participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with demands of active participation in this program. I agree to forever release, discharge, and covenant not to sue the Laurel Public Schools/Laurel Community Education for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the Laurel Public Schools/Laurel Community Education. I will indemnify and hold the Laurel Public Schools/Laurel Community Education harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct Laurel Public Schools/Community Education programs and I do further release, absolve, indemnify, and hold harmless the Laurel Public School/Laurel Community Education the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. *I also acknowledge that participants may be photographed providing opportunity for Laurel Public Schools/Laurel Community Education promotions.*

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

<b>Cody Museum 2/16/2019 Load at 8AM \$35.00</b>	<b>Pd</b> _____	<b>Check#</b> _____
<b>Grant-Kohrs Ranch &amp; Old Montana Prison 4/16/2019 Load at 6AM \$35.00</b>	<b>Pd</b> _____	<b>Check#</b> _____
<b>Babies of Yellowstone National Park 6/8/2019 Load at 6AM \$25.00</b>	<b>Pd</b> _____	<b>Check#</b> _____
<b>Bair Museum 7/20/2019 Load at 8AM \$25.00</b>	<b>Pd</b> _____	<b>Check#</b> _____
<b>Quake Lake/Grizzly &amp; Wolf Discovery Center 8/17/2019 Load at 6AM \$35.00</b>	<b>Pd</b> _____	<b>Check#</b> _____

**ALL REGISTRATIONS MUST BE PAID BY THE WEDNESDAY BEFORE THE TRIP AT THE ADMINISTRATION OFFICE- ADDRESS ABOVE.**