

JOHN DYKSTRA/ ED POST  
PHOTOGRAPHY WORKSHOPS and TOURS  
2500 Chicago Dr.  
Hudsonville, MI 49426

REGISTRATION FORM

To Register: Fill out form, sign "Release Of Risk" section (Turkey Run Workshop only), make deposit/payment check payable to John Dykstra Photography and mail to the address above.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Web Page \_\_\_\_\_  
Camera System: \_\_\_\_\_ Do you consider yourself:  Beginner  Average  Advanced  
What do you hope to get out of this workshop / seminar? \_\_\_\_\_

Name of non- participating spouse or friend staying with you (Turkey Run Workshop only):  
\_\_\_\_\_

Circle the event for which you are registering:

One Day Photography Seminar

Turkey Run Photography Workshop

Tuition: \$ 50.00

Tuition: \$ 225.00

Release and Assumption of Risk(Turkey Run Workshop only)

I am aware that during the workshop I am participating in, under the arrangements of Ed Post and John Dykstra doing business as Ed Post/John Dykstra Photography Workshop and their agents and associates, certain risks and dangers may occur including, but not limited to, the hazards of traveling in mountainous terrain, illness or accident in remote places without medical facilities, the forces of nature, and travel by bus, air, automobile or any other means of transportation.

In consideration of, and as part of payment for, the right to participate in the activities and services arranged for me by Ed Post and John Dykstra, I have and do hereby assume all the above risks and will hold them harmless from any and all liability, actions, causes of action, claims, debts, and demands of every kind and nature whatsoever which I now have or which may arise in connection with my trip or participation in any other activities arranged for me by Ed Post and John Dykstra and their agents and associates. The terms hereof shall serve as a release and assumption of risk for my heirs, administrators and executors and for all members of my family, including any minor accompanying me. I have read and agree to these conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, please notify

Name:

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_