



MSU/Ravalli County Program Registration Form

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

Title of Workshop: Preserve Your Garden Bounty with a Water Bath Canner

Date: Friday, September 15, 2017

Location: Stevensville Community Baptist Church: 409 Buck Street, Stevensville, MT 59870

Time:

9:30 -11:30 AM

Educational Class (\$5 Fee)

Noon to 2:30 PM

Hands on Canning Workshop (\$15 fee) - participants must attend education class

Registration fee: Paid to *MSU Extension*, space is limited. Mail to: 215 S. 4th Street, Ste G, Hamilton, MT 59840

\$5 Fee for the educational class from 10:30 to Noon

\$20 Fee for the educational class, lunch and hands-on canning workshop supplies

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 and necessary travel. I have carefully read the foregoing permission and assumption of risk and sign of my own free will and accord.

All class-canned food items taken from class must be refrigerated and used within one week's time. Ref

Full Name: _____

Address: _____

City: _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Preferred Method of Contact: Mail Email Phone

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

No Yes If yes, please explain: _____

Would you like to be notified of Family & Consumer Science workshops and other opportunities in the future?

No Yes

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:** _____