

**ICE-AGE FLOODS INSTITUTE**  
**2017 FALL MEMBERSHIP MEETING AND TOUR**  
**September 29-30, 2017**

At  
**SOAP LAKE WA**  
Hosted By The  
**LOWER GRAND COULEE CHAPTER**

**SEPTEMBER 30, 2017 FIELD TRIP REGISTRATION FORM**  
**Bus Tour of Scabland, Dry Land and the Grand Coulee**  
***“Coulees, Plunge Pools and Scabland”***

***NOTE: Field Trip Registration and Payment Should Be Received By Friday, September 15, 2017***

I/We plan to attend the Friday evening membership meeting and program  Yes  No

I/We Would Like To Register For The September 30<sup>th</sup> Field Trip:

<input type="checkbox"/> As Institute member(s) (current for September 2017)	Registration fee includes charter-bus transportation, a field guide/tour book, refreshments and a box-lunch. Please make your lunch selection below:
<b>\$65 per member (\$75 after September 5)</b>	
<input type="checkbox"/> As Non-member(s) - <b>\$75 per non-member (\$85 after September 5)</b>	
Total included for field trip registration: \$_____	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Meat

Assemble for the tour at 7:30 A.M. ***The Tour will begin at 8 A.M. and return about 5 P.M.***

**Note:** Accommodation can be made for an individual with physical limitations. Please state need below \_\_\_\_\_ or contact 509-750-1072.

***CONFIRMATION OF YOUR REGISTRATION Will Be Sent To You By U.S. Mail Or E-Mail. Please specify below how you would like to receive your confirmation.*** All-day parking will be available.

***\* Refunds will be made only if notice of cancellation is received no later than 6 P.M. September 22, 2017.***

***PLEASE COMPLETE THE WAIVER & RELEASE FORM FOR THE TOUR*** and submit it with your registration.

***- - PLEASE PRINT LEGIBLY - -***

**NAME(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Send confirmation via:**  US Mail  E-mail

Please make your check payable to the ***Lower Grand Coulee Chapter***. Enclose it with this form and your completed waiver form. Mail these items together to:

**IAFI Fall Meeting & Tour**  
**P.O. Box 65**  
**Soap Lake WA 98851**

**Note:** To become a member of the Ice Age Floods Institute, go to [www.iafi.org](http://www.iafi.org).

For registration questions and for cancellations, please contact  
John Moody at 509-750-1072 and/or at [jrmoody@blackfoot.net](mailto:jrmoody@blackfoot.net).

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**Waiver and Release Form**

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I understand that the Ice Age Floods Institute’s field trips may involve inherent risks. I realize that the tour itinerary may include some walking on rocky terrain, and that other natural hazards do exist, that falls and other accidents do occur, and that therefore injuries may result. I understand that it is my option whether or not to take part in any of the activities on the tour. I therefore accept the risks to myself and others, and agree to use extreme caution at all times on this trip.

I understand that any costs for medical expenses incurred as a result of accidental injury or death while participating in the field trip WILL NOT BE PAID BY THE ICE AGE FLOODS INSTITUTE OR ANY OF ITS CHAPTERS.

I, the undersigned, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against the Ice Age Floods Institute, its chapters, officers, board members, and field trip leaders, for any and all injuries suffered by me on this field trip. I attest and verify that I am participating at my own risk. This release is only intended for the use of the Ice Age Floods Institute and its chapters and does not absolve any other parties from their liability.

(1) Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(2) Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(3) Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*For minor(s);* Name(s): \_\_\_\_\_

Parent’s or guardian’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe any allergies or medical concerns about which IAFI and Lower Grand Coulee Chapter leaders and volunteers should be aware:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

*(Minor name & concern)* \_\_\_\_\_

\_\_\_\_\_