



HOOSIER RIVERWATCH WORKSHOP REGISTRATION

State Form 55188 (R / 8-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Please print.

Name of facilitator	Date (month, day, year)
Location	Type of workshop

Participant Information			
First name	Last name		
E-mail address			
Telephone number ()	Type of telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work	Check here if you have taken a Riverwatch workshop before.	<input type="checkbox"/>
Affiliation (if applicable)			
Address (number and street)			
City	County	State	ZIP code

Job Position / Occupation (Please check the one that best fits your description.)		
<input type="checkbox"/> Home School Educator	<input type="checkbox"/> Interested Citizen	<input type="checkbox"/> Natural Resource Professional
<input type="checkbox"/> Non-formal Educator	<input type="checkbox"/> Teacher – Early Childhood	<input type="checkbox"/> Teacher – K-5
<input type="checkbox"/> Teacher – 6-8	<input type="checkbox"/> Teacher – High School	<input type="checkbox"/> University Student
<input type="checkbox"/> University Faculty	<input type="checkbox"/> School Admin/Specialist	<input type="checkbox"/> Other

In Case of Emergency (Must be someone who is NOT in today's workshop.)	
Name	Telephone number ()

Photo Release	
I agree that any likeness of me taken while participating in a Hoosier Riverwatch activity may be used to promote the program in brochures, news articles, websites, or for any other legitimate purpose.	
Signature of Participant	Date (month, day, year)
Signature of Parent / Guardian (if under the age of eighteen (18))	Date (month, day, year)

Liability Waiver	
I, _____ (printed name), on behalf of my heirs, successors, and executors, do hereby agree to waive any and all claims against the State of Indiana, its agencies and subdivisions, and all sponsoring organizations arising in any fashion from my voluntary participation in a Hoosier Riverwatch program. It is acknowledged that field work may be dangerous and than any and all risks associated with such work are voluntarily assumed.	
Signature of Participant	Date (month, day, year)
Signature of Parent / Guardian (if under the age of eighteen (18))	Date (month, day, year)