

2014–15 TCWS Nature Exploration Registration Form | Grades 6–8

Please register my student for the 2014–15 Three Cedars Waldorf School Nature Exploration Program.

- ☐ I hereby authorize my student to walk to Wilburton Park, Botanical Gardens, or other location to participate in the program.
- ☐ I hereby authorize my student to use a knife under the supervision of the program instructor.
- ☐ I acknowledge that it is my responsibility to pick up my student on **Three Cedars Campus no later than 5:30 PM** on Thursdays unless he or she is registered for after-school care.

Schedule: Thursdays, 3:15 – 5:15 PM

January 8, 15, 22, 29 • February 5, 26 • March 5, 12, 19, 26 • April 2, 9, 30 • May 7, 14, 21

Please complete and return the following documents to the office **by January 4, 2014:**

- ☐ Registration form (page 1)
- ☐ Waiver (page 2)
- ☐ Payment of the \$410 all-inclusive program fee

Withdrawals

Refunds are granted as follows:

- Withdrawals before 4 sessions are completed: \$200 refund
- Withdrawals after 4 sessions are completed: no refund

Please enclose the full \$410 payment for the Nature Exploration program.

- ☐ Cash ☐ Check # _____ payable to TCWS

Student's Name

Grade

Parent's Name

Date

To register, please return completed forms to:

Three Cedars Waldorf School
Attention: Nature Exploration Registration
556 – 124th Avenue NE Bellevue, WA 98005



556 – 124th Avenue NE
Bellevue, WA 98005

Tel 425.401.9874
Fax 425.865.9093

info@threecedarswaldorf.org
www.threecedarswaldorf.org

2014–15 TCWS Nature Exploration Waiver | Grades 6–8

I, the undersigned, agree to release, defend, hold harmless and indemnify Three Cedars Waldorf School, its directors, agents, and employees, ("the Releasees"), including, but not limited to, its officers, employees, and instructors, from all actions, causes of action, damages, claims or demands of negligence, except those of gross negligence and/or intentional or reckless wrongdoing, which the undersigned or any successor may have against the Releasees, for all personal injuries, property damage, or other types of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred by the student during this activity.

The undersigned acknowledges having read this Waiver and understands all of its terms and significance, that he/she has legal authority to provide consent for the student named below, and that this Waiver is executed voluntarily for the purpose of broadening the educational experience of the below-named student.

Student's Name

Grade

Parent's Name (please print)

Parent's Signature

Date