

Anza Borrego / Palm Canyon

New Year's Campout – Campsite G5

December 30 – January 1

Registration Fee
Member \$35
Become a member + Outing \$45
Total \$_
Amount Enclosed \$_

Our registration & cancellation deadline is one week prior to the first day of each outing.

Please call your trip leader if you would like to register after that time and would like to attend.



Please write legible, especially your e-mail address, Thank You

Name _____

GO Member # _____ Chapter: _____

Address _____ City _____ Zip: _____

Phone _____ E-mail: _____

Emergency contact: _____ Phone: _____

Medical Insurance Carrier: _____

Group/Policy # _____

(Individual travel and accident insurance is available from your local travel agent)

Physician: _____

Physician's Phone: _____

Carpooling is encouraged, camp out registration does not include cost of entry into State or National Parks or extra vehicle fee charged or governed by each campground.

I am carpooling with: _____

Do you need a ride? Yes or No Can you offer a ride? Yes or No

Please circle your best estimate of arrival and departure day and time.

I will be arriving on Fri or Sat in the AM, Afternoon, PM

I will be departing on Sun in the AM, Afternoon, PM

WAIVER OF LIABILITY, MEDICAL RELEASE AND ASSIGNMENT

I am aware that my participation in this GREAT OUTDOORS Inc. trip may include potentially hazardous activities, and I am voluntarily participating in these activities with the knowledge and understanding that I will use my best judgment to avoid injury to others and myself. I agree to follow the directions of the trip leader and abide by the rules of the facility I am using.

I hereby release GREAT OUTDOORS Inc. including its officers, trail or trip leaders, agents or other persons working with GREAT OUTDOORS Inc. from any liability for injuries, physical or mental, which I may suffer by reason of participation in these activities. I recognize in waiving this liability that I assume sole responsibility for my actions and cannot blame any injuries or losses on any other persons connected with GREAT OUTDOORS Inc.

I hereby agree to assume full financial responsibility for any bills incurred by me for medical treatment as a result of my participation in this GREAT OUTDOORS Inc. activity. In the event that I am unable to consent to medical care, I hereby authorize the trip leader to consent to emergency medical treatment for me, including hospitalizations and surgery, as may be determined under the circumstances. Parking and Day Use Fees: As a reminder; Parking is limited at most campsites, so carpooling is highly encouraged. The outing fee collected by the Great Outdoors does not include entry, day use or parking fees governed by the State or National Parks.

Health Problems & allergies: It is the responsibility of participants to carry on their person a record of significant allergies, medications and medical history in the event of a medical emergency.

Signature _____ Date: _____

**Send registration form & check payable to:
San Diego Great Outdoors, att: George Lapole
3945 4th Ave, #2, San Diego, CA 92103**

**For questions or comments contact:
George Lapole glapole@mac.com
Matt Schreiner matthew.schreiner@mac.com**