

2021 Summer Field Tour Thursday, June 10th

Registration

| Name : | | | | | | | |
|--|---------------|------------------|------------------|---------|--------|----------|---|
| Affiliation: | | | | | | | |
| Email: | | | | | | | |
| Member \$50 Non- Member \$ Student \$20 Producer \$30 | \$65 <u> </u> | x x x x | Number attending | price | Phone: |] | |
| | | | Total cost = | | | | Will pay at the meeting |
| Payments can be made by credit card, check, or cash Please email registration form to: Ethan Mower emower@parks.nv.gov | | | | | | | Please provide receipt # attending dinner in Battle Mountain restaurant TBA (\$ not |
| By mail: Ethan M | owers PO bo | x 985 | , Caliente NV, 8 | 9008 | | | hosted) |
| Make checks paya | able to: Neva | ıda So | ciety for Range | Managen | nent | | |
| Card number # : | | | | | | CSC # : | |
| Card name: | | | | | | Exp date | 7. |

^{*} Sandwich, chips and drink lunch will be provided

COVID-19 Liability Release Waiver

| Please initial | (please print, sign and bring to the meeting with you) |
|----------------|---|
| | I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days. |
| | I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting COVID-19. |
| | With full knowledge of the risks involved, I hereby release, waive, discharge the Nevada section of the Society for Range Management, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating. |
| Signature | : |