84th ANNUAL FIELD CONFERENCE OF PENNSYLVANIA GEOLOGISTS

THE CASE OF THE MISSING CATSKILL - CLUES FROM WAYNE, SULLIVAN, AND SUSQUEHANNA COUNTIES Tunkhannock, PA, October 3-5, 2019

Registrations will be accepted in the order received, based on postmark or PayPal timestamp. <u>Registration includes</u> bus transportation, printed road log, digital download of entire guidebook, FCOPG trinket, evening reception, two lunches, banquet dinner, sugary dough product, fruit, coffee, and beverages. Registration must be accompanied by payment. You must sign waiver as explained on page 6 of the announcement, Important Items.

| PHONE NUMBER | | |
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| ant registration \$125 | <u> </u> | |
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| Creek, Sullivan County (free) on the Sullivan Trail (free) | | |
| nolarship Funds | \$ | |
| Donations to General Field Conference Funds, beer fund, etc. | | |
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| | \$ | |
| ONFERENCE OF PENNSYLVANIA GEOLOGISTS, Inc, hoolhouse Road own, PA 17057-3534 have read and accept the conditions on the page entitled "I | Important Items." Your registration wil | |
| | Tess ☐ Business address ☐ To badge) Cell Cell TRIPS: Indicate first and second choice. Creek, Sullivan County (free) on the Sullivan Trail (free) molarship Funds teld Conference Funds, beer fund, etc. To ONFERENCE OF PENNSYLVANIA GEOLOGISTS, Inc, moolhouse Road own, PA 17057-3534 | |

FIELD CONFERENCE OF PENNSYLVANIA GEOLOGISTS, INC RELEASE AND HOLD HARMLESS WAIVER

The undersigned, having been fully advised as to the nature and possible dangers and hazards of the field trip

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OCTOBER 3 PRECONFERENCE TRIPS AND OCTOBER 4-5, 2019 FIELD TRIP,

which are sponsored by the Field Conference of Pennsylvania Geologists, Inc., does hereby assume any and all risks involved in connection with the trip, and does hereby save and hold harmless, the *FIELD CONFERENCE OF PENNSYLVANIA GEOLOGISTS, INC., ITS OFFICERS, REPRESENTATIVES, AGENTS, OR MEMBERS, and LANDOWNERS* from any and all claims, losses, and damages (including attorney's fees and any other costs involved because of said claims) on account of injury, death, property damage, or inconvenience or loss of money due to any delay that may arise, by reason of my participation. I understand that my use of alcohol or drugs would impair my judgment and coordination, and will hold the above stated organizations and individuals harmless from claims arising from the use of either. I understand that I am solely responsible for carrying my own life and health insurance.

| SIGNATURE | | |
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| PRINTED NAME_ | | _ |
| DATE | | |

THIS FORM MUST BE RETURNED WITH YOUR REGISTRATION FORM