42 Corporate Park #200. Irvine CA 92606 • info@matiyaworld.com • 949.310.3936 • www.matiyaworld.com • Tax ID: 20-4079025

REGISTRATION FORM

MORRO BAY VOLUNTEER/VACATION TRIP

San Luis Obispo, California May 2nd - May 4th, 2014

THIS FORM MUST BE COMPLETED IN ORDER TO RECEIVE A REGISTRATION CONFIRMATION (please print or type)

Primary Registration Name:												
Street												
City, ST, Zip Code, Country												
Phone: Cell:							Fax:					
Confirmation Email: Secondary Email:												
INDIVIDUAL REGISTRA	TION (Please list all	att	end	ees	- Ch	eck	all t	that applies)				
Т-			T-Shirt Size				nder	Paid Member Discount Rate		te Non Paid M	Non Paid Member Rate	
Full Name		S	м	L	XL	м	F	With Lodging (Double Occupancy)	Without Lodging	With Louging	Without Lodging	Registration Fee
1								\$599	\$399	\$625	\$425	
2								\$599	\$399	\$625	\$425	
3								\$599	\$399	\$625	\$425	
4								\$599	\$399	\$625	\$425	
An additional \$89 will be added for single occupancy												
Checks/Bank Drafts Payable to "The Nature Corps" Total Amount for Volunteer Trip												
Donations would be appreciated												
I would like to be a Paid -Member of MW - Annual Family Membership Fee \$151												
All Donations and Membership Fee are Payable to "Matiya World Inc" Total Amount												
PAYMENT OPTIONS												
For the Volunteer Trip - Make Checks Payable to : The Nature Corps. Email completed registration form to Shalinip@dknhotels.com. Mail check to :- Matiya World Inc. C/O Shalini Patel Address : 42 Corporate Park #200, Irvine, CA 92606 Phone : 714-427-4363 Fax : 714-427-4364												
For Donations and MW Membership Fees - Make Check/Bank Draft Payable to : Matiya World, Inc Mail check to :- Matiya World Inc. C/O Shalini Patel Address : 42 Corporate Park #200, Irvine, CA 92606												

Phone : 714-427-4363 | Fax : 714-427-4364 | Email : Shalinip@dknhotels.com

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BILLING INFORMATION									
Same as Personal Information	mation: Yes No (If No please fill in billing information)								
Billing address									
City, ST, Zip Code, Country									
Phone:			Email:				Fax:		
Total Amount Enclosed	ł								
Charge my Credit Card. (Please note additional processing fees will apply)									
Type of Credit Card MC Visa									
Card Number:	Expiration Date:						C/W Code:		
Name of Card Holde	r					Signature:			
Date	2								
EMERGENCY CONTACT INFORMATION									
Emergency Contact Name:						Phone:			
Primary Doctor N	Doctor Name:					Phone:			
Any Medical conditions we should be aware of									
ADDITIONAL INFORMATION									
List the name of the person you will be sharing a room with:									
Age Group: 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65+									
What skills, hobbies, training or education can you bring to this program? Describe your employment history.									
List any physical limitations that could interfere with your volunteer activities. Have you had a major surgery or are you susceptible to altitude sickness? Etc									
Are you on medication or allergic to any medications? Yes No									
Are you allergic to bee stings? Yes No (NOTE: if yes, it is your responsibility to bring an anaphylaxis kit)									
Are you Vegetarian? Yes No									
Does your employer provide matching gift program? Yes No Name of your Employer:									



TERMS AND CONDITIONS

NATURE CORPS, NATIONAL PARK SERVICE AND CALIFORNIA STATE PARKS ASSUMPTION OF RISK AND GENERAL RELEASE OF ALL LIABILITY

THE PARTICIPANT AGREES TO ASSUME ALL RISK BY AGREEING TO THIS GENERAL RELEASE. YOU ARE GIVING UP CERTAIN LEGAL RIGHTS BY AGREEING TO THIS DOCUMENT. READ IT CAREFULLY.

1 acknowledge that 1 have been invited by Nature Corps, its Program sponsor/s, the National Park Service, and the California State Parks, to voluntarily participate in the Nature Corps' Volunteer Program (herein referred to as the "Program") to maintain, restore and beautify the National and State Parks,

I AM AWARE THAT THE PROGRAM WILL INVOLVE RISKS AND HAZARDS BECAUSE IT WILL REQUIRE TRAVEL STRENUOUS OUTDOOR PHYSICAL WORK. AND THE USE OF SHOVELS AND OTHER POTENTIALLY DANGEROUS TOOLS. NEVERTHELESS. I AM VOLUNTARILY PARTICIPATING IN THE PROGRAM WITH KNOWLEDGE OF THE RISKS AND HAZARDS INVOLVED AND I AGREE TO ASSUME ANY AND ALL RISKS OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH.

As consideration for being permitted by Nature Corps, the National Park Service and California State Parks from any and all claims for property damage, personal injury no death resulting from The Nature Corps, the National Park Service and the State Parks ACTIVE, PASSIVE OR CONCURRENT NEGLIGENCE that I or my heirs or other legal representatives may have as a result of my participation in the Program. This release shall include Nature Corps officers, directors, agents and employees and their NEGLIGENCE that I or my heirs or other legal representatives may have as a result of my participation in the Program. This release shall include Nature Corps officers, directors, agents and employees and their NEGLIGENCE that I or my heirs or other legal representatives may have as a result of my participation in the Program. This release shall include Nature Corps officers, directors, agents and employees and their NEGLIGENCE that I or my heirs or other legal representatives may have as a result of my participation in the Program. This release shall include Nature Corps officers, directors, agents and employees and their NEGLIGENCE that I or my heirs or other legal representatives may have as a result of my participation in the Program. This release shall include Nature Corps officers, directors, agents and employees and their NEGLIGENCE that I or my heirs or other legal representatives may have as a result of my participation in the Program. This release to be a general release and I do not reserve any claim, right, cause of action or demand of any kind.

- In consideration for being permitted to participate as a volunteer in the National Park Service and California State Parks' Volunteer in Parks Program and The Nature Corps Volunteer Program, I, herein referred to as the Participant, and my personal representatives, assigns, heirs and next of kin or either of them: Hereby Releases, Waives, Discharges and Covenants Not to Sue The Nature Corps, its Program sponsors, the National Park Service or the California State Parks and each of them, their officers and employees, all for purposes herein referred to as Releases, from all liability to the Participant, his personal representatives, as-
- signed heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Participant whether caused by the negligence of Releases or otherwise while the Participant is driving to, either in their own vehicle or when carpooling, working on, or participating in the National Park Service and California State Parks Volunteer in Parks Program and related Nature Corps programs.
- hereby Agrees to Indemnify and Save and Hold Harmless the Releases and each of them from the construction to the presence of any action of the Participant and whether caused by negligence of the Releases or otherwise. The Participant expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding continue in full legal force and effect. The Participant warrants the following statements are 2. 3.
- agrees that the hole output deviation of the provide and the p 4.
- 5
- but not infineted to action body, wearier, quarantines, so makes, town distributance, then to detail in the detail
- The Participant, individually, is followards of the risks and hazards inherent in working on, upon or in the National Parks, California State Parks, or in any campsite, or in any Park Facilities and hereby elects voluntarily to drive to, either in their own vehicle or when carpooling, work on, or participate, knowing the present condition and knowing that said condition may become more hazardous and dangerous during the time that the Participant is driving to, either in their own vehicle or when carpooling, working on, or participating in the program. The Participant individually hereby voluntarily assumes all risks of loss, damage, or injury that may be sustained by him or her, and any damage to any property of the Participant, while driving to, either in their own vehicle or when carpooling, working on or participating in the program.

The Nature Corps, National Park Service and California State Parks Photo Release Form

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby give to Nature Corps, the National Park Service and the California State Parks, its subsidiaries and affiliates, and their respective successors and assigns ("The Nature Corps, its Program sponsors, whether one or more, the National Park Service, and the California State Parks, and those acting upon its authority, permission to copyright and publish a photograph or illustration of me or a photograph or illustration in which I may be included, including edited versions, for use with the Nature Corps, its Program sponsors, the National Park Service, and the California State Parks, and any fictitious names, for lawful, purposes associated with any publication, including but not limited to the internet and/or the Nature Corps, the National Park Service, the California State Parks and Program Sponsors' websites and electronic newsletters.

I hereby waive any right that I may have to inspect and/or approve the finished product or the galley copy that may be used in connection therewith.

I hereby release, discharge, and agree to save harmless Nature Corps, its Program Sponsors, the National Park Service and the California State Parks, their successors and assigns, all persons acting under its permission or authority or those for whom it is acting from and against any liability attributable to any blurring, distortion, intentional or otherwise, that may occur or be produced in taking of said picture, or in any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule. scandal, reproach, scorn and indignity.

Tuition Costs. Refunds and Cancellation Policies

Tuition Costs: This program is not federally subsidized and we rely on the volunteer's tuition costs to cover the expenses associated with the expedition. There is limited space available on these expeditions. To complete your reservation the tuition cost/s listed by each trip will be deducted from your account using the credit card information you provide.

Refund Policy:

If you withdraw from a project less than 60 days before an expedition is to begin, regardless of the reason, the balance of your tuition cost will be refunded to you at the following rate: Up to 60 Days prior to the expedition, 100% of the balance of your tuition cost will be refunded. Up to 45 Days prior to the expedition, 50% of the balance of your tuition cost will be refunded. All refunds will be deducted an \$85 handling fee plus \$% to cover credit card transaction fees. Refunds will not be made under any Circumstances no noce an expedition is underway.

Transfers between mainland expeditions are possible up to 15 days prior to the departure date, but after that will be treated as a cancellation. Transfers on the Hawaii expedition are dependent on lodging availability.

Cancellation Policy:

All expeditions are contingent on a minimum number of participants. The Nature Corps reserves the right to cancel an outing for insufficient enrollment and to change the class location, date, time or instructor. If cancellations or changes occur, The Nature Corps will notify participants as far in advance as possible. Full refund will be made if participants cannot attend as a result of a change in an outing schedule.

Trip Cancellation & Medical Insurance:

We strongly recommend volunteers take out if in cancellation and traveler's medical insurance. Your travel agent should be able to give recommendations of insurance carriers. Please note that your travel arrangements are subject to the terms and conditions of the travel agency through which you make your booking. The Nature Corps can take no responsibility for any cancellation or amendment penalties that may arise. To accisions that expeditions have to be canceled by The Nature Corps, we will refund your entire tuition Fee. However, the The Nature Corps is not responsibility for non-refundable airline or other tickets or payments or any similar penalties that may be incurred. It is your responsibility to ranked that you pay that the terms are trian and traveler's medical insurance.

Single Supplements

Lodging accommodations are based on double occupancy. A single supplement is paid by participants who specifically request single hotel or lodging accommodations, and is subject to availability. If you are traveling alone and wish to share accommodations, we will try to match you with a roommate. The single supplement, if available, will be charged in addition to the tuition cost unless otherwise noted.

What Your tuition Covers:

Tuition costs help The Nature Corps cover the direct expenses associated with your participation in the expedition, as well as the overall costs of planning and implementing the expedition. As a participant, during the dates of your expedition you will be provided:

Meals, except for times that are specifically stated on the trip itinerary. Refer to each expedition for details,

Lodging on the Hawaii expedition and reserved camping sites on all other outings Ground transportation (only on the Hawaii and Channel Islands Outings)

Camping and field gear (except for sleeping bags and personal items. You will be sent a list of items you will need to bring with your confirmation)

Tools, equipment and supplies

nstructional staff, crew leaders and cooking crews

What Your Tuition Fee Does Not Cover:

Air Fare or transportation costs to the assembly point, eround transportation (except on the Hawaii and Channel Islands expedition), medical treatment or emergency expenses or personal expenses of any kind. The Nature Coros is not responsible for medical expenses incurred during transportation to and from the outing or while on the expedition

INSURANCE AND MEDICAL CARE

We strongly encourage you to obtain private travel and arcident insurance for the duration of the expedition. Emergency transport, medical or hospitalization costs resulting from illness or accident on the way to the National Parks or California State Parks and during the Program is the responsibility of the person receiving such care and/or their parents/guardians

HE/SHE HAS READ AND VOLUNTARILY AGREES TO THESE RELEASES AND WAIVER OF ALL A LIABILITY AND INDEMNITY AGREEMENT, WITH FULL KNOWLEDGE THAT RELEASES SHALL NOT BE LIABLE FOR ANY DAMAGES TO THE PARTICIPANT REGARDLESS OF THE CAUSE; and I acknowledge my participation is at the discretion of The Nature Corps, its Program sponsors, the National Park Service, and the California State Parks.

The information I have provided on the application is true. I have read and understand the above agree to abide by the terms outlined in these agreements and release of liability. I UNETSTAND THAM SSEMING ALL RISK OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH AND I AM GIVINE ORDER THAN A DIA MINIFORMATION I THAN ASSEMING THAN A DIA MINIFORMATION I AND A DIA MINIFORMATIONAL PRAKE STROM LAURIDECORPS. THE ADDRESS AND THIS AGREEMENT, Parvnene in of multianot, and agree to represents may advect the application is the applica You will be asked to sign these documents as part of the onsite registration process

I agree to the Terms & Conditions and Privacy Policy

Name:	Signature:	Date: