



**Midway. AL  
Friday & Saturday.  
November 21-22, 2008**

**FUN**  
*Workshop Agenda*

Presented by: Alabama Conservation and Natural Resources Foundation, Inc.  
in conjunction with State Lands Division & Wehle Nature Center

Registration begins at 4 pm on Friday, November 21. Supper will be served at 7 pm. Registration fee is **\$50** and covers meals, lodging, program materials and instruction. Classes begin immediately following breakfast Saturday morning and conclude at 5 pm.

**TO EXPEDITE REGISTRATION**

**FAX THE COMPLETED FORM (Pages 3 &4) PRIOR TO MAILING - FAX # (334) 242-3489  
FOR QUESTIONS OR ASSISTANCE CONTACT SYLVIA - (334) 242-3442**

*Mail completed form with check made payable to ACNRF, Inc. to:*

BOW Program  
ATT: Sylvia Payne  
64 North Union Street Suite 468  
Montgomery AL 36130

**THIS WORKSHOP IS LIMITED TO 40 PARTICIPANTS AGE 18 OR ABOVE. ALL COURSES WILL BE FILLED ON A FIRST-COME, FIRST SERVED BASIS.**

**The workshop offers full day instruction in the classes listed below:  
ONLY ONE CLASS PER PARTICIPANT. PLEASE NUMBER YOUR CHOICES (1-4),  
AND YOU WILL BE ASSIGNED YOUR TOP NUMBER BASED ON AVAILABILITY.**

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**Dutch Oven Cooking II** - **Cost: \$50**      **Limit: 10 Participants**

Explore and master the various techniques learned in Dutch Oven I. Reach beyond the fundamentals and prepare a delicious lunch for the 50 folks attending. Once lunch is over, the afternoon session will be spent learning the proper cleaning and storing procedures. We will put together a check list of supplies needed to begin cooking on your own. There will be recipes available to begin assembling your own Dutch Oven cook book.

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**Taking Time to fish** - **Cost: \$50**      **Limit: 10 Participants**

Pond fishing will be done with available spincast, spinning, fly and bait cast gear. Some instruction will be done before the class begins, but most of the class will be hands-on fishing. An instructor will be available for some one-on-one assistance.

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**Horseback Riding / Backpacking Hiking** -  
**Cost: \$50**      **Limit: 10 Participants**

Learn the true meaning of pack it in and pack it out. This combination class will allow you to get up close and personal with the beauty of the 25 acre Wehle Nature Center. You will learn horseback riding basics; the best way to approach a horse, how to properly mount and dismount, and how to get your horse to obey your commands. This course will help you to feel safe and confident the first time you sit in the saddle. You will learn what to take along, what to leave behind, and how to pack for a backpacking trip. Hiking options include three different trails; short, medium, or long. Each trek takes you through different habitats. The trails are augmented with interpretive stations highlighting the unique characteristics of many local plants and animals.

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**Outdoor Photography** - **Cost: \$50**      **Limit: 10 Participants**

This class will focus on getting the pictures you want and secrets to shooting great outdoor photos. Learn basic techniques used in outdoor photography, including choosing a location, composition/shot conceptualization, flash photography techniques and the importance of lighting and timing. Participants will also learn the basics of technical camera operation. Bring your own camera (any kind will do - Digital SLR (35mm) preferred or digital point-and-shoot and your associated cables). Photo review by the instructor will also be a part of this class.

# REGISTRATION & MEDICAL HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Medical Ins. Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## **ALL INFORMATION WILL BE HELD CONFIDENTIAL**

*Note: Please check "yes" or "no" and provide additional details where required.*

1. Are you allergic to any foods? No \_\_\_ Yes \_\_\_ List Foods: \_\_\_\_\_

\_\_\_\_\_

2. Are you allergic to any medication? No \_\_\_ Yes \_\_\_ List Medication: \_\_\_\_\_

\_\_\_\_\_

3. Are you currently taking medication? No \_\_\_ Yes \_\_\_ List Medication: \_\_\_\_\_

\_\_\_\_\_

4. Do you have, or have you ever had the following:

Hay fever: No \_\_\_ Yes \_\_\_

Fainting Spells: No \_\_\_ Yes \_\_\_

High Blood Pressure: No \_\_\_ Yes \_\_\_ List Medication: \_\_\_\_\_

\_\_\_\_\_

Diabetes: No \_\_\_ Yes \_\_\_

Asthma: No \_\_\_ Yes \_\_\_ List Medication: \_\_\_\_\_

\_\_\_\_\_

Seizures: No \_\_\_ Yes \_\_\_

Heart Disease: No \_\_\_ Yes \_\_\_

Lung Disease (emphysema, etc.): No \_\_\_ Yes \_\_\_

Hepatitis: No \_\_\_ Yes \_\_\_

Urinary infection: No \_\_\_ Yes \_\_\_

5. Have you ever had a hernia or rupture? No \_\_\_ Yes \_\_\_

6. Have you ever had a concussion or head injury? No \_\_\_ Yes \_\_\_ When: \_\_\_\_\_

7. Date of last tetanus inoculation \_\_\_\_\_

**THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

The attached health history is correct to the best of my knowledge, and I am able to engage in all activities, except as specifically noted by me and a physician . In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required in an emergency situation.

I give consent for the Alabama Department of Conservation and Natural Resources (hereinafter AD-CNR), to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I am in good physical condition, and am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as signed herein.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY/MEDICAL RELEASE**

For and in consideration of the opportunity to participate in the BEYOND BOW WORKSHOP, I hereby forever release from liability, (1) the Department of Conservation and Natural Resources, any of their officers, employees, or agents, (2) the sponsors of the aforesaid workshop, any of their officers, employees or agents (3) the landowner(s) where the event is located, any of their officers, employees or agents for any and all actions, causes of actions, or claims of any kind whatsoever, either for personal injury or otherwise, arising or resulting from my participation in the aforesaid workshop.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_