

# SEDONA FALL #2 WORKSHOP

Presented by Derek von Briesen & Kim Hoshal

October 25 ~ October 27

## Participant Registration

Name

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Address

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Phone #s

Email

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Age

Gender

Height

Weight

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### Emergency Contact Names & #s

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Please list below any medical conditions for which you are currently under the care of a physician, including the physician's name & contact #s, and any medications you are presently taking.\*

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I, the undersigned workshop participant, do verify that the above medical information is true and complete.

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**Participant Signature**

**Date**

\*Due to the physical requirements of some our photography workshops, more medical information may be requested for your safety