

James Kroner Germany Plein Air Workshop

Application for August 12-24, 2024

A complete application consists of the following:

- Completed application form with deposit
- Photo
- Signed release of liability (below)

I. Application and Deposit Deadlines

A \$500 deposit fee is required with each application. Please send completed application with deposit to workshop coordinator James Kroner.

To send by mail:

James Kroner
150 E Banty Ln
Union Wa 98592

Applications can also be emailed to James Kroner at jkroner@live.com

- **All deposits and applications are due May 15, 2024**
- **Full trip fees are due June 15, 2024**

Payment can be completed by Check, Venmo or PayPal

- If paying by check, please address your check to: James Kroner
- If paying by Venmo please send to @James-Kroner-1 (415 875 0154 cell phone number may be needed to complete transaction.
- If paying by PayPal please send to janellekroner@gmail.com. The name will appear as Janelle Randall. Please select the "friends and family option." OR add a 3% PayPal fee to the total paid.

II. Personal Information

Last Name _____ First Name _____

Middle _____ Date/Birth _____ Sex (M/F) _____

Country of Birth _____ Current Citizenship _____

Passport # _____

Street Address _____ Box/Apt# _____

City _____ State _____ Zip Code _____

Telephone # _____

Email: _____

I would prefer: *single* or *double* occupancy accommodations for the duration of the trip. *(Please circle one of the following below.)*

Double occupancy workshop - \$4,200 (shared room lodging)

Single Occupancy workshop - \$4,600 (single room lodging)

Non-workshop participant - \$3,200 Double or \$3,600 Single

III. Emergency Contacts (Please list the names and contact information of 2 people that can be contacted in case of an emergency.)

Emergency Contact 1:

Last Name _____ First Name _____

Relationship _____

Street Address _____

Box/Apt# _____

City _____ State _____ Zip Code _____

Telephone # _____ Email: _____

Emergency Contact 2:

Last Name _____ First Name _____

Relationship _____

Street Address _____

Box/Apt# _____

City _____ State _____ Zip Code _____

Telephone # _____ Email: _____

IV. Special Diet/ Disabilities/Allergies

Please list any disabilities, allergies, or special diet considerations you may have. (All information will remain confidential.)

V. Prescriptions/Medications

Please list all prescriptions/medications you are currently taking along with dosage and name. Please also list any medications that you are allergic to. All information will remain confidential.)

VI. Photo

Please email or send via U.S. mail photo of yourself to:

Email: jkroner@live.com or Mail to: James Kroner 150 E Banty Ln. Union, WA. 98592

WAIVER OF LIABILITY

I understand that parts of this trip may be physically and emotionally demanding. I hereby acknowledge that I am aware of these risks and I agree to follow all safety instructions and ask questions if I do not understand. I also acknowledge that, despite careful precautions, there are certain inherent risks of injury that cannot be eliminated and I accept those risks. These risks include but are not limited to, among other things: physical injury, loss of time at school/work, death, or the negligence of other participants, visitors, or other persons who may be present, or my own negligence. I understand that each participant must assume responsibility for one’s well-being and safety.

I certify that I have adequate insurance to cover any sickness, injury, or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. If I have insurance, I have read and understood my policy and am aware of the extent of its coverage for injuries and damage that may be sustained while participating in this activity/event/field trip. I further certify that I have no other medical or physical conditions that could interfere with my safety on this trip or any activities associated thereof, or else I am willing to assume – and bear the costs of – all risks that may arise, directly or indirectly, out of any such condition.

Further, I hereby give permission to receive appropriate medical attention necessary in the event of an accident, injury or sickness. I authorize all licensed physicians, dentists, technicians, nurses and other medical staff to perform any diagnostic, treatment or x-ray procedures. I hereby assume responsibility for the costs of those medical treatments.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless James Kroner, James Kroner Artworks, Janelle Kroner and all other staff members assigned to this trip from any and all claims, demands, or causes of action, which are in any way connected with the participation in this trip, including any such claims which allege any negligent acts or omissions of the workshop, except their sole negligence or wilful misconduct.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity/event/trip, I may be found by a court of law to have waived my right to maintain a lawsuit against James Kroner, James Kroner Artworks, Janelle Kroner or other staff members assigned to this workshop on the basis of any claim on which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Name (Please print legibly):

Signature:

Date: _____

Deposit and Refund Policy

All application forms should be submitted to *James Kroner* by May 15th 2024. An initial deposit of **\$500** will be required with each application. *James Kroner* will bill each student for the remaining balance of the program fees owed. Full payment and confirmation of enrollment numbers must be received by July 1st 2024.

Should a person withdraw on or before a date 60 days prior to departure, they will receive a full refund minus \$300 administrative fee. Should a person withdraw on or before a date 30 - 60 days prior to departure, they will receive a full refund less \$500. No refunds will be offered between 30 and 0 days of departure.

In the event the U.S. State Department issues a travel warning that advises U.S. citizens not to travel to Germany; or if participants are already in Germany and the state department advises all U.S. citizens to leave Germany, the trip will:

- If the trip has not yet begun, cancel the trip and refund all fees paid less \$300 per person administrative fee.
- If the trip has begun, suspend the trip and in the event that participants have to return early due to a suspended program, all hotel and all airport fees incurred due to the change of flights and suspended trip and cost of flying each person home early will be the sole responsibility of participants.

Note: It is strongly encouraged that each participant purchase "Travel Insurance" from a local travel agency or affiliate.

YES I have read the deposit and refund policy information and understand it and agree to comply by the policy stated.

Print Name _____

Signature _____

Date _____