

# James Kroner Switzerland Plein Air Workshop Application

August 27-September 1, 2024

A complete application consists of the following:

- Completed application form
- Photo (see details on application)
- Signed release of liability form (found in application form)

## I. Application Fee and Deposit Deadlines

A \$250 deposit fee is required with each application. Please send completed application to workshop coordinator James Kroner.

Address to send by mail:

James Kroner  
150 E Banty Ln.  
Union, WA. 98592 USA

Applications can also be emailed to James Kroner at: [jkroner@live.com](mailto: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 - if a cell phone number is needed to complete transaction.)
- If paying by PayPal please send to [janellekroner@gmail.com](mailto: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.)

- **Workshop Double Occupancy: – \$1900 (shared room lodging)**
- **Workshop Single Occupancy: – \$2200 (single room lodging)**
- **Non Workshop Companion: Double – \$1000 or Single – \$1300**

**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 1:

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.)

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#### **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.)

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#### **VI. Photo**

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

Email: [jkroner@live.com](mailto: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 \$250 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 \$250 administrative fee. Should a person withdraw on or before a date 30 - 60 days prior to departure, they will receive a full refund less \$250. 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 \$250 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** \_\_\_\_\_