



# LIVING SHELTER DESIGN ARCHITECTS, PLLC

innovative design solutions for sustainable homes and communities

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## 2010 Straw Bale Workshop Registration

- August 12 – 15 in Leavenworth, WA.
- August 19 – 22 in Leavenworth, WA.

PER PERSON: \$150 deposit; Cost \$375; [\$350 if registered by May 1, 2010].

Name1:		Name 2:	
Phone #:		Phone #:	
Address:		City, St, Zip:	
E-mail:		E-mail:	

- \$100 Accredited College Student or Couples Discount applies

Price includes an evening presentation on the history of straw bale construction, a three (3) day workshop of hands-on training and information, a packet of information and resources for future reference, and a tour of a completed straw bale home. Registration is limited to 25 participants. Once registered, we will send you directions and additional information.

Schedule: Thursday evening 6pm – 8pm, Friday 9am – 9pm with potluck dinner, Saturday 9am – 5pm, Sunday 9am – 4pm. Hearty lunches, snacks, water and soft drinks provided.

Send this form with your deposit check or money order made out to: **Living Shelter Design.**  
Amount Enclosed: \_\_\_\_\_ (A \$25 fee is charged for returned checks).

VISA or MASTERCARD accepted by phone only (Monday – Friday 9a – 5p PT).  
If you have questions, please e-mail us at [info@livingshelter.com](mailto:info@livingshelter.com) or call 425-427-8643.

What is your lodging preference?  Camping in my own tent or camper at a nearby campground with showers – adjacent to other workshop participants  
 I will arrange my own accommodations

Do you prefer vegetarian meals?  yes  no  
Are you interested in sharing a ride?  yes  no

And now the legal stuff (If two persons are registering together, each participant must sign):

**Participant's Waiver of Liability:** In consideration of my participation in this workshop, I agree to indemnify and hold harmless Living Shelter Design, workshop trainer/instructors, the land or property owners, and all other organizations, businesses, and individuals involved in the workshop from all cost expense and liability arising out of my participation. I hereby waive all claims and assume all liability for damage or loss to my person or property, which may be caused by any act or failure to act by the instructors or their officers, agents, or employees arising directly or indirectly from my participation in this workshop. I give my permission for medical release, should I be involved in any accident or health damaging situation and should I require medical treatment. I also certify that I am physically able to participate in this workshop.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_