



**Leave No Trace Master Educator Course
APPLICATION
For Adirondack Mountain Club Courses**



Name: _____
Last First Preferred Name Date

What is your professional/volunteer position or interest related to this course? (If you work for a land management agency, please list agency and position title) _____

Address (where you would prefer correspondence be sent): _____
Work phone: () _____
Home phone: () _____
E-mail _____
City State Zip Country

Indicate your 1st and 2nd choice for course selection:
1st _____ 2nd _____
Date Location Date Location

Have you ever taken an ADK course? No Yes What course / When? _____

Are you an ADK member? Yes No Are you interested in becoming one? _____

How did you hear about the Leave No Trace Master Educator course? _____

What are your personal and professional objectives for this course? _____

Briefly describe your outdoor/camping/backpacking experience and skill level: _____

Briefly describe your teaching experience (age groups, indoor-outdoor, subjects taught, etc.): _____

Photo Release: *The following release will not affect your standing in the course.*
For valuable consideration, I, _____, hereby give to and grant to the Adirondack Mountain Club, Inc., the unrestricted right and permission to use and publish any and all photographs which its employees, assignees, licensees or representatives may have taken of me for any purpose whatsoever, including (but not limited to) illustration, program promotion, publicity, and advertising. For valuable consideration received, I hereby release the Adirondack Mountain Club, Inc. from any and all claims and causes of action arising out of use if said photographs of me, including any and all claims for libel. I am over the age of eighteen. I have read the foregoing and state that I fully understand the meaning of same. SIGNATURE OF PARTICIPANT _____ DATE _____

MAIL OR FAX COMPLETED APPLICATION TO:
Ryan Doyle – Leave No Trace Coordinator
Adirondack Mountain Club
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Lake Placid, NY 12946
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