

# PIONEER VENTURES

Friday, August 31 through Saturday, September 1, 2012

## SELECT ONE:

Thrills, Fun, Adventure, and the Great Outdoors  
\$180 per person

New York City: A Tourist's Prospective  
\$180 per person

New York City: Neighborhoods, Landmarks, and Biking Trails  
\$180 per person

### NOTE:

- Price includes travel and meals throughout the Venture
- Returning this application, along with the non-refundable fee, prior to August 14 indicates interest in the Pioneer Ventures program.

Name: \_\_\_\_\_ 855#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Age: \_\_\_\_\_ Housing Assignment for Fall: \_\_\_\_\_  
(Resident students only)

Home E-mail: \_\_\_\_\_

Campus E-mail: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print)

## RELEASE

I hereby certify that I have no health problems and am physically fit and sufficiently able to participate in the above trip and activities. The undersigned knowingly, freely, and voluntarily agrees and acknowledges that William Paterson University, the Student Government Association, the Student Activities Programming Board of William Paterson University, and their agents and employees are not liable or responsible in any way whatsoever for any property damage incurred or personal injury suffered by the undersigned resulting either directly or indirectly from undersigned's participation in any sport, program, event, or trip sponsored by William Paterson University, SGA, and/or SAPB.

If this activity is hazardous and involves risks that could result in personal injury, I will assume all risks of loss, injuries, damage, or illness that may be sustained while participating. I agree not to consume or be under the influence of alcoholic beverages or drugs while participating. I agree to obey all rules and regulations related to the activities in which I am about to engage and to follow the instructions of activity leaders. I agree to adhere to all departure times for any transportation that is provided and understand that my failure to do so could result in my having to find alternative means of transportation at my own cost. I, the undersigned, have read and understand the foregoing agreement, warnings, release, and assumption of risk. I further attest that all facts relating to my physical condition and age are true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent signature ONLY if student is under 18 years of age)

**ENROLLMENT IN PIONEER VENTURES IS ON A FIRST-COME, FIRST-SERVED BASIS.**

**SPACE IS LIMITED, SO PLEASE REPLY AS SOON AS POSSIBLE; DEADLINE FOR SIGN-UP IS TUESDAY, AUGUST 14.**

**Please fill out and mail to:**

William Paterson University • 300 Pompton Road, Student Center, Suite 117, Wayne, NJ 07470 • Attn: Candice Perez