



# WSU & UI Extension Horticulture Classes Registration



**Please PRINT clearly:**

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

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

City, State, Zip Code: \_\_\_\_\_

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

Email Address (required): \_\_\_\_\_

Do you have a health or medical condition that we need to accommodate during training?      No      Yes

If yes, please explain: \_\_\_\_\_

***\*\*Persons with a disability requiring special accommodations while participating in this program need to indicate as such when submitting their application form.***

At this time I plan to take this training for my own personal benefit and do not plan to become a Master Gardener.  
I understand that the payment of \$140 is required by January 9, 2024.

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

## Photo Services Release

I hereby consent and agree that Washington State University and University of Idaho, its employees or agents have the right to take photographs, digital images, or video/film of me (and/or my property) and to use them for educational and promotional materials. I further consent that my name may be revealed therein or by descriptive text or commentary.

I hereby release to Washington State University and University of Idaho, its agents and employees all rights to exhibit this work publicly or privately, including postings to University web pages and to market and sell copies. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, digital images, video or film and agree that any uses described herein may be made without compensation.

Printed Name: \_\_\_\_\_

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