

FRANKLIN COUNTY PARKS AND RECREATION

PRESENTS:

"THE CELESTIAL MAP" Astronomy Program



Instructor: Frank Baratta, with the Roanoke Valley Astronomy Club

- You might want to bring a flashlight to help with your navigation.
- You might want to dress according to the weather.
- **AGES 13 & UP ONLY!**

"The Celestial Map"-Points on earth have latitude, while stars have a declination. Tonight, the night sky's 5th brightest star, Vega, will help us connect these terms, while we view the sights in the early fall skies. Pre-registration is required!

Limit of (20) participants.

Date: Saturday, October 9, 2010
Time: 7:30pm
Location: Franklin County Parks & Recreation
Large Shelter
Deadline to Register: Friday, October 1, 2010
Cost: "FREE"

To register complete this form and mail to:

Franklin County Parks & Recreation
2150 Sontag Road
Rocky Mount, VA 24151



Questions:

Call (540) 483-9293 or e-mail mcramblitt@franklincountyva.org

Franklin County Parks And Recreation

Registration & Liability Waiver Form
Astronomy Program- October 9, 2010

Name: _____

Age: _____

Address: _____

DOB: _____

City: _____

Zip: _____

E-Mail Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons, or the instructor, for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity.. I also give permission for my child and/or myself to be photographed and used in any form of publication to promote Franklin County Parks and Recreation. I am also aware that these photos may be placed on the Franklin County Parks and Recreation website.

Signature of Participant: _____

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name Emergency Contact: _____

Phone # of Emergency Contact: _____