

2019-2020 KANSAS CITY SKI CLUB TRIP APPLICATION

PLEASE COMPLETE IN FULL & SIGN

Sequence Number _____ (assigned by Trip Captain)

Trip Name _____ Today's Date _____

Name _____

Address _____ Membership Number _____

City _____ State _____ Zip _____

Phone: Cell _____ Work _____ Home _____

E-mail (Please PRINT) _____

I want to room with _____ I am: Male _____ Female _____ Age (if under 21) _____

• Bus Trips: Standard Shared Bunk _____ Private Bunk (extra fee) _____ Fly/Drive (if available) _____

• Fly/Drive ONLY (if available): Early arrival-option—purchase 1 night lodging for an additional fee due at sign up. yes _____/no _____

• If for a Fly Trip Please Provide Full Name As On Drivers License and Date of Birth Below

• If for a International you must provide a copy of your passport

• Name _____ DOB _____

Deposit: Enclose a check of \$ _____ payable to the Kansas City Ski Club **or** visit kcskiclub.org to pay by credit card.

Forfeiture of \$30.00 (bus trips), \$50.00 (air trips), **plus any other trip liabilities** apply toward cancellation by signee. It is the responsibility of trip participants to make payments on time. Membership in the KCSC required for participation.

ACCEPTANCE OF CLUB RULES, RELEASE AND WAIVER OF LIABILITY

It is expressly understood that submission of the Kansas City Ski Club (KCSC) trip application is an agreement to abide by the By-Laws and Trip Regulations of KCSC.

I understand that participation in KCSC is voluntary and that there are risks and dangers involved, and I hereby assume any and all risks, known or unknown, of participation in this KCSC trip.

I release KCSC, its directors, officers, employees and trip captains from any and all liability for personal injuries, death or property damage in connection with this trip, including without limitation all transportation, accommodation, social and sport events and equipment provided. By this waiver, it is my intent to waive liability, hold harmless the organization and persons described above, and to covenant and agree not to sue.

I acknowledge that should I violate this agreement I agree to pay to KCSC and all other parties described above, all expenses, including attorney's fees, resulting from my actions and agree to indemnify them for all damages, including attorney's fees, which might result.

I have read and understand the above statements, and I am signing this document, granting this release and participating in this trip voluntarily.

Date Member Signature or Parent Signature for Minor

Date Signature of Junior Member Age 16 or Over (in Addition to Parent Above)

Have you traveled with the KCSC? _____ Yes _____ No

EMERGENCY CONTACT (please list a contact who is not on the trip)

Name _____ Relation _____

Phone: Cell _____ Work _____ Home _____

Address _____ City _____ State _____