2017-2018 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) _____

If you will be leaving your car in the parking lot, provide the year, make, and model of your car: _____ _____ _____

Provide your car license plate number starting with the 2-character state abbreviation (e.g., MO 123456): ___ _____

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

- **Bus Trips:** ☐ **Individual Seat (reclines)** • **Fly Drive (if available)** ☐
- **Fly/Drive ONLY (if available): Early arrival-option-purchase 1 night lodging for additional fee due at sign up.** ☐ **Yes** ☐ **No**
- **Keystone Trip ONLY:** ☐ **Max Occ. (4 in room) or** ☐ **Private Bed (additional fee)**

Have you traveled with the KCSC before? ☐ Yes ☐ No

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) or $100.00 (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 the submission of a Kansas City Ski Club (KCSC) trip application is an agreement to abide by the Club By-Laws and Trip Regulations.

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

I release KCSC, its directors, officers, 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 KCSC and all other parties described above all expenses, including attorney's fees, resulting from my actions, and I agree to indemnify them for all damages which might result.

I understand that KCSC has made arrangements for trip participants to park and leave their vehicles at Cabela's (10300 Cabela Drive, Kansas City, KS 66111) during KCSC bus trips. I understand and agree that if I use such facility and/or park my vehicle there during a KCSC bus trip, I do so at my own risk and agree to indemnify and hold harmless KCSC and Cabela's from any and all claims, damage, loss or liability of any kind whatsoever, including personal injuries, death, or property damage, arising in connection with or as a result of my use of said parking.

I have read and understand the above statements. Typing my name below will act as my electronic signature (if submitting this form digitally), whereby I agree to abide by the KCSC Rules, and the Release and Waiver of Liability statements listed above.

_____ _____
Date Member Signature or Parent Signature for Minor

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

Instructions: Please sign digitally and email the pdf file to the trip captain OR print a hard copy, sign, and mail to the trip captain's home address.

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

Name _____ Relation _____

Phone: Cell _____ Work _____ Home _____

Address _____

City _____ State _____ Zip _____