2017-2018 KANSAS CITY SKI CLUB TRIP APPLICATION

PLEASE COMPLETE IN FUL	L & SIGN	Sequence Num	ber	(assigned by Trip Captain)	
Trip Name Today's Date					
Name					
Address	s Membership Number				
City			State	Zip	
hone: Cell Work		Home			
E-mail (Please PRINT)					-
I want to room with	I aı	m:Male	Female	Age (if under 21)	
 Fly/Drive ONLY (if avail Keystone Trip ONLY: Have you traveled with the Deposit: Enclose a check Forfeiture of \$30.00 (bus 	candard Shared Bunk able): Early arrival-option-puro Max Occ. (4 in room) or e KCSC before? Yes of \$ payable to the trips) or \$100.00 (air trips), plu cipants to make payments on ti	chase 1 night lodgir Private No Kansas City Ski Clu s any other trip lia	ng for additiona Bed (additional b or visit kcskick bilities apply to	fee due at sign up. Yes fee) ub.org to pay by credit card. ward cancellation by signee.	No
by the Club By-Laws and T I understand that assume any and all risks, I I release KCSC, it damage in connection wit equipment provided. By the above, and to covenant and I acknowledge the expenses, including attornal	t participation in a KCSC trip is we known or unknown. Is directors, officers, and trip cap th this trip, including without lin this waiver, it is my intent to wan and agree not to sue. at should I violate this agreement aley's fees, resulting from my act anderstand the above statementally), whereby I agree to abide to	voluntary and that to otains from any and nitation all transpositive liability, hold ha ent I agree to pay K0 tions and agree to i ts. Typing my nam by the KCSC Rules, a	here are risks and all liability for partation, accommanders the organism and all other indemnify them to below will actually and the Release	nd dangers involved, and I here personal injuries, death, or pro odation, social and sport even inization and persons describe r parties described above, all for all damages which might ro as my electronic signature (if and Waiver of Liability stateme	eby perty ts, and d esult.
Date	Member Signature or Parent Signature for Minor				
_	Signature of Jui	nior Member Age 16 or	·	·	aptain's
home address.					
E	MERGENCY CONTACT (ple	ase list a contac	ct who is not	on the trip)	
Name		Rel	Relation		
Phone: Cell	Work		Home		-
Address					
City			State	Zip	