KANSAS CIV	TY SKI CLUB TRIP APPLIC	CATION				
(PLEA	SE COMPLETE IN FULL & SIGN)	TE IN FULL & SIGN) Sequence Number (assigned by Trip Captain)				
Trip Name	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: N	Male Fema	ale Age (if under 21)			
Bus Trips: Standard Shared Bunk	Private Bunk (additional fee	e) Fly Dri	ve Option (if available)			
Fly/Drive ONLY: Early arrival-option—purchase 1 night lodging for an additional fee <u>due at sign up_yes</u> /no (available only on Aspen , Frisco, Copper, Crested Butte 3 & Steamboat)						
Keystone and Winter Park Trip ONLY: Standard Max Occ. (4 in room) or Private Bed (additional fee)						
Innsbruck Trip: Innsbruck trip (air i Innsbruck land only pkg In		-				

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 \$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 (KSCS) 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?YesNo EMERGENCY CONTACT (please list a contact who is not on the trip)					
Name		Relation				
Phone: Cell	Work	Home _				
Address		City	State			