

# STS Ski Trip Application and Liability Waiver Form

## Part I: The Ski trip Application

Each participant must provide this information to the trip leader before the trip. Submit this application with the waiver, and a check payable to the trip leader to be on the trip. Trip leader will provide her/his mailing address, or you can leave this application with the trip coordinator at the annual ski fair.

Name of Destination \_\_\_\_\_ Dates of trip: \_\_\_\_\_

Name of Lodging(s) \_\_\_\_\_

Are you a member of: STS Yes \_\_\_ No\_\_\_ PATC Yes\_\_\_ No\_\_\_ (Please circle membership status)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #s

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Home /Work/Cell #s \_\_\_\_\_

### TRANSPORTATION INFORMATION:

Are you willing and able to drive? Yes\_\_\_ No\_\_\_

Do you own a car that is reliable in winter? Yes\_\_\_ No\_\_\_

If Yes how many passengers (w/skis and bags) are you willing to take? \_\_\_\_\_

### LODGING INFORMATION:

Name of preferred roommate(s) : \_\_\_\_\_

Those not identifying an accompanying roommate/participant will be assigned one or more roommates (of the same sex, whenever possible).

SKILL LEVEL: Circle below the description that best describes your cross-country ski level:

First time Beginner Intermediate Advanced Other (explain) \_\_\_\_\_

Are there any medical/physical conditions of which the leader(s) should be aware? Yes \_\_\_ No\_\_\_.

If yes, please explain \_\_\_\_\_

Date of this copy: 9/15/2007

**PATC Ski Touring Section**  
**Part II: Acknowledgement of Risks and Waiver of Liability**

▶ Return this waiver form to the trip leader before the trip (or give it to the trip coordinator during the Ski Fair).

Trip destination: \_\_\_\_\_ Dates of trip: \_\_\_\_\_

In consideration for being permitted to participate in the identified PATC Ski Touring Section (STS) activity, I, for myself and for my personal representative, assigns, heirs, and next of kin, do:

1. ACKNOWLEDGE that I understand the nature of skiing activities, that I am physically and mentally qualified to participate in such activities, and that it is my own responsibility to be appropriately clothed and equipped for that activity. I understand that the activity may be conducted over public roads and may involve facilities open to the general public and that hazards of traveling are to be expected. I agree that it is my responsibility to immediately discontinue participating in the activity if at any time I believe conditions to be unsafe or that I do not have the requisite skills for a particular trail or activity.

2. ACKNOWLEDGE that cross-country skiing and other outside winter sports involve risks and the danger of serious bodily injury, including **permanent disability, paralysis, and death**. I understand that the volunteer trip leader and STS are not responsible for screening participants for ability, proper attire, or equipment. I understand that there may be additional risks and expenses incurred as a result of participating in this activity, such as car breakdown expenses, stolen or damaged equipment, to name but two examples. I fully assume and accept all such risks and all responsibility for losses, costs, and damage I may incur as a result of my participation in the activity. It is my responsibility to obtain in advance any insurance coverage that I may want to cover the risk of such losses, costs, and damage.

3. ACKNOWLEDGE that the Ski Touring Section is an unincorporated association of individuals organized and brought together by a common interest in enjoying the healthful sport of Nordic or cross-country skiing in the wintertime. The Ski Touring Section association is uninsured. Those who agree to take part in its activities and scheduled trips do so at their own risk. The Ski Touring Section is affiliated with the Potomac Appalachian Trail Club (PATC). Those who participate in STS activities and who are not members of the PATC have no legal interest in or claim to any insurance benefits that may exist in favor of members of the PATC who suffer injury while participating in an STS activity.

4. RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS the Ski Touring Section (STS) and the Potomac Appalachian Trail Club (PATC), their officers, administrators, directors, agents, and the volunteer trip leader for this activity, from all liability, claim, or demand relating to loss or injury on my account. In the event that any suit or action is brought directly or indirectly on my behalf against any of the named parties in connection with any loss or injury sustained in connection with an STS-sponsored activity, I agree to indemnify the named parties as regards any expenses that may be incurred in defending against such suit or action.

I have read this agreement form, fully understanding its terms and conditions and the waiver of rights contained herein. I SIGN IT FREELY OF MY OWN VOLITION. If any portion of this agreement is held to be invalid, the remainder shall continue in full force and effect.

Participant's signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

If the Participant is under the age of 18, his/her parent or legal guardian must read and sign below:

I am the legal guardian or parent of the above-named minor. I have read and hereby consent to the terms of the Waiver on behalf of the minor and consent to his/her participation in the specified activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_