PATC-STS and PNSC Ski Trip Application and Liability Waiver Form

Part I: The Ski trip Application

Each participant must provide this information to the trip coordinator before the trip. Submit this application with the waiver, and a check payable to the trip coordinator to be on the trip. Trip coordinator 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):		
. tamo or 200gmg(o).		
Are you a member of: PNSC Yes No (Please check membership status)		
Applicant's Name:		
Address:		
Phone Numbers:		
Home		
E-mail address:		
Emergency Contact:		
Name:		
Home /Work/Cell Numbers:		
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: Check 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 coordinator should be aware? Yes No		
If yes, please explain:		

Date of this copy: 10/1/2025

PATC-Ski Touring Section and Potomac Nordic Ski Club Trip Application

Part II: Acknowledgement of Risks and Waiver of Liability

▶ Return this waiver form to the trip coordinator 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 participat	te in the identified PATC-STS and Potomac Nordic Ski Club (PNSC) activity, I,	
Pleas	e Print Name Clearly	
for myself and for my personal representative, a	assigns, heirs, and next of kin, do:	
activities, and that it is my own responsibility to may be conducted over public roads and may ir	re of skiing activities, that I am physically and mentally qualified to participate in such be appropriately clothed and equipped for that activity. I understand that the activity envolve facilities open to the general public and that hazards of traveling are to be mmediately discontinueparticipating in the activity if at any time I believe conditions to lls for a particular trail or activity.	
including permanent disability, paralysis, and defor screening participants for ability, proper attirincurred as a result of participating in this activit examples. I fully assume and accept all such ris	and other outside winter sports involve risks and the danger of serious bodily injury, eath. I understand that the volunteer trip coordinator and PNSC are not responsible e, or equipment. I understand that there may be additional risks and expenses ty, such as car breakdown expenses, stolen or damaged equipment, to name but two sks and all responsibility for losses, costs, and damage I may incur as a result of my ty to obtain in advance any insurance coverage that I may want to cover the risk of	
interest in enjoying the healthful sport of Nordic	orporated association of individuals organized and brought together by a common or cross-country skiing in the wintertime. The Potomac Nordic Ski Club is activities and scheduled trips do so at their own risk.	
administrators, directors, agents, and the volunt or injury on my account. In the event that any su parties in connection with any loss or injury sust	HOLD HARMLESS the Potomac Nordic Ski Club (PNSC), their officers, teer trip coordinator for this activity, from all liability, claim, or demand relating to loss uit or action is brought directly or indirectly on my behalf against any of the named tained in connection with an PNSC-organized activity, I agree to indemnify the ay be incurred in defending against such suit or action.	
	nding its terms and conditions and the waiver of rights contained herein. I SIGN IT n of this agreement is held to be invalid, the remainder shall continue in full force and	
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-n the minor and consent to his/her participation in	named minor. I have read and hereby consent to the terms of the Waiver on behalf of the specified activity.	
Signature:	Printed name:	
Date:		