



## Trip Reservation and Waiver Form

Use this form if you are signing up for a scheduled multi-day club trip

Trip date(s) \_\_\_\_\_ Destination \_\_\_\_\_ Number of places \_\_\_\_\_

Membership expiration date \_\_\_\_\_ (Check the address label on your Loype.)

Deposit enclosed \_\_\_\_\_ (Make checks payable to the trip leader.)

**NOTE:** Trip deposits will be refunded only if the cancelled reservation can be filled and no additional cost is incurred by trip leaders or other participants. Any refunds will be made after the trip is completed. Any non-refunded deposits will be applied to trip expenses.

Name \_\_\_\_\_ Name \_\_\_\_\_

Home phone \_\_\_\_\_ Day phone \_\_\_\_\_ This is my (our) first trip (yes/no) \_\_\_\_\_

Street address \_\_\_\_\_ This is a new membership (yes/no) \_\_\_\_\_

City, state, zip \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**WAIVER:** I acknowledge that the following activity, \_\_\_\_\_, has inherent risks, hazards and dangers for its participants, including risk of injury or death, and in consideration of my participation, I agree for myself, my heirs, successors, executors and subrogees to hold harmless for any claim for any damages or injuries to myself or any minor child or ward of mine the North Star Ski Touring Club (NSSTC), its members, trip leaders and officers, and further agree to defend and indemnify NSSTC from any claim or injuries to said minor child or ward of mine.

I have been vaccinated and boosted for COVID 19. \_\_\_ Yes; \_\_\_ No (This info will be used by the trip leader for planning purposes only.)

Members of this party have the following physical or medical conditions or dietary needs the trip leader should be aware of:

\_\_\_\_\_  
*Name, signature, and date are required for adult member(s) of party.*

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of minor children

\_\_\_\_\_  
(Minors must have parent or guardian sign)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Leaders: After trip, mail completed forms to NSSTC Safety Coordinator, P.O. Box 4275, St. Paul, MN 55104.