Seacoast Ski Club
Accident Waiver and Release of Liability

Cortina and Venice, Italy
Feb 24 – Mar 5, 2017
Payment Schedule:

Initial Deposit	$500.00
Sep 10, Payment #2 Due	$900.00
Nov 10, Final Balance, due	$1199.00

How to sign up:

1. Contact Norman or Karen to see if space is available
2. Print and complete this registration form
3. Make your checks payable to "**The Seacoast Ski Club**"
4. Mail your registration form, check, and copy of your passport to Karen Thurston, 52 Vineyard Drive, Stratham NH 03885.
5. Club membership is required to join this trip. Please register online at: www.seacoastskiclub.net
6. Please review the Seacoast Ski Club Trip Refund Policy online at www.seacoastskiclub.net

Trip Information

Trip Destination	Cortina and Venice, Italy Feb 24 – Mar 5, 2017	
Trip Leaders:	Norman Michaels nhmichaels@aol.com	Karen Thurston karenjthurston@gmail.com
Deposit Amount Enclosed:		Check #:

Mail this form, a copy of your passport photo page, and a check payable to **The Seacoast Ski Club** to:

Karen Thurston, 52 Vineyard Drive, Stratham NH 03885

Personal Information (please print clearly)

Name(s):	
Home Address:	
Phone Number:	
Email:	
Roommate preference:	
Emergency Contact Phone & Email	

Please turn over, read and sign the Accident Waiver and Release of Liability form.
Your trip registration will not be complete without your signature.

Seacoast Ski Club
Accident Waiver and Release of Liability

Trip Destination	Cortina and Venice, Italy
Dates:	Feb 24 – Mar 4, 2017
Trip Leader(s):	Norman Michaels and Karen Thurston
Activity:	Skiing

I ACKNOWLEDGE THAT THERE ARE CERTAIN UNPREVENTABLE RISKS INHERENT IN THIS ACTIVITY THAT MAY RESULT IN INJURY AND I UNDERSTAND THAT MY PARTICIPATION PLACES ME AT RISK FOR INJURY.

1. I voluntarily choose to participate in the activities shown above and accept and assume the risk of bodily injury, death or property damage occurring while participating in them notwithstanding such risks and dangers.
2. I certify that I am physically fit and have not been advised to not participate by qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.
3. I, for myself and my heirs, successors, assigns and personal representatives, hereby absolve, release and discharge the Seacoast Ski Club, their respective agents, officers, directors, volunteers and successors and assigns (hereinafter referred to individually or collectively as "Releasees") from any blame or liability or causes of action whatever, whether based on tort, contact, express or implied, or any other theory, arising from, or on account of, property damage, economic loss, personal injury or death, related to or arising from my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons.
4. I further hereby covenant not to sue and agree to indemnify and hold harmless Releasees from any liability or causes of action whatsoever arising from property damage, economic loss, personal injury or death, related to my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons and including, without limitation, liability for loss of consortium which may be asserted by my spouse or others, and agree to pay the legal fees and expenses of Releasees associated with the defense of any claims brought in violation of this Agreement.
5. This Accident Waiver and Release of Liability Form shall be governed by the laws of the State of New Hampshire. By signing this Accident Waiver and Release of Liability Form I further agree that the State of New Hampshire will be the exclusive jurisdiction in which I may bring any suit related to or arising out of the activities. This Agreement shall be binding on me and on my heirs, successors, assigns and personal representatives. If any provision herein is or becomes invalid or unenforceable, in whole or in part, that shall not affect the validity or enforceability of any other provision.
6. I hereby consent to receive medical treatment, by others, which may be deemed advisable in the event of injury accident and/or illness during this activity or event.
7. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Seacoast Ski Club, its agents, and officers.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I am of sound mind and body and not under the influence of alcohol or any illicit or prescription drug or medication which may in any way impair my ability to enter into this agreement. I fully understand the respective intent and meaning of all of the terms and provisions hereof and to participate in the Activity. I UNDERSTAND THAT BY SIGNING BELOW, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL FOR MYSELF.

READ BEFORE SIGNING:

_____

SIGNATURE ***DATE*** ***PRINT NAME***

_____

SIGNATURE ***DATE*** ***PRINT NAME***