



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.