## rannid tec

## FAMILY SKI MEISTERS SKI CLUB

## Trip Agreement Form - Guest



I \_\_\_\_\_\_(you), acknowledge that I am not a member of the Family Ski Meisters (hereinafter referred to as "FSM") Club. However, I and my family members, and any accompanying minors listed below will be participating in a FSM Club activity (hereinafter referred to as "Activity) described below.

Fill out the following information and sign this form on behalf of you, your family and any accompanying minors

minors.	-			
FSM Member you are a guest of:				
Your Information:				
Family Name:		Date:		
Address:	City, State, Zip:			
Home Phone: Cell:		E-Mail:		
FSM Club Activity:	_ Date of Trip:	Trip	Coordinator:	
Non-FSM Member Guest Fee: \$25 per fa	mily (or per individ	lual)		
Family & Guests:	M/F		Relationship to You	
Guest 1 (you):  Guest 2:				
Guest 3:				
Guest 4:			_	
Guest 5:				
Waiver and Release of Liability In consideration of the risk of injury while participal consideration for the right to participate in the Activor personal representatives, knowingly and voluntar rights, claims or causes of action of any kind whatso and forever discharge the FSM Club and its officers agents, attorneys, staff, volunteers, heirs, representainjury, including but not limited to illness, paralysis direct result of my participation in a FSM Club Activity.	rity, I hearby, for myse rily enter into this waive oever against the FSM s, located at Lagrangevi tives, predecessors, suc s, death, damages, econo-	If, my family, my he er and release of liab club arising out of ar lle, New York 12533 excessors and assigns, omical or emotional	irs, executors, administrators, assigns, illity and hereby waive any and all my club Activity, and do hearby release 3, their affiliates, managers, members, for any physical or psychological loss, that I or my family may suffer as a	
I agree to indemnify and hold harmless the FSM Clifor liability, damages, compensation or otherwise by if litigation arises pursuant to any claims made by many of these types of expenses, I agree to reimburse	rought by me anyone or ne or by anyone else ac	n my behalf, includir ting on my behalf. I	ng attorney's fees and any related costs,	
The undersigned agrees to assume full responsibility accompanying minors. The undersigned applicant a				
Guest (you) Signature:		Date:		



