King of Prussia Ski Club Registration and Release of Liability ("Release")

Complete form and return with payment to Ski Trip or Activity Leader.

	, am voluntarily participating in the
for-profit organization. I recognize that any of the recrassume all risks involved. I have made myself aware of proof of my assumption of these hazards and risks. I aghold the King of Prussia Ski Club, Inc., its officers, be	sponsored by the King of Prussia Ski Club, a not- reational activities that occur during this event may be dangerous, and I voluntarily if such risks and acknowledge them, and my signature on this document may serve as tree on behalf of myself, my heirs, executors, personal representatives, and assigns not to pard members, members (including but not limited to, the event organizer[s] or accident, injury, illness, or any loss resulting from my participation. I am thout reservation.
conflicts of law principles. For any cause of action parties hereto on behalf of themselves, their heirs, exand venue of the courts of the Commonwealth of Period Commonwealth of Perio	coordance with the laws of the Commonwealth of Pennsylvania, without giving effect to on against KOPSC resulting from participation in the above referenced event, the xecutors, personal representatives, and assigns irrevocably consent to the jurisdiction ansylvania located in Montgomery County, Pennsylvania, and of the United States No action, regardless of form, arising out of the above referenced event shall be brought rued.
purposes, including, but not limited to, publication in	phs of its members engaged in meetings and activities and uses them for various its monthly newsletter, its website, and/or other promotional media. I expressly consent nited to, photographs or other images) for any and all purposes it deems necessarily in
	d participant agrees that s/he has had adequate time to review this Release (a copy of the terms and their legal significance, and has had the opportunity to have the ing.
Signature	Date
Name:	
Address:	
City/State/Zip:	
Evening Phone:	Day Phone:
Cell Phone:	Text Messages: Yes No No
E-mail:	
In event of emergency, Contact Name	Relationship:
Contact Phone:	Contact City/State:
Please list any medical alert information or allergies	s/medications:
Check one*: Member Non-member	*Must be a member in good standing to participate in ski and sailing trips
For Overnight trips:	
Check one: Smoker Non-Smoker	
Desired Roommate*	
*Courtesy dictates that you let them know of your reques	