

Trip Registration & Release of Liability

This form must be completed for each participant (except for spouses, which may be on the same form) and submitted to the Trip Coordinator

Activity: _____

Date(s): _____

Member Name: _____

Spouse (if also attending) : _____

Mailing Address: _____

Phone # Home: _____ **Cell:** _____

RELEASE OF LIABILITY AGREEMENT

I, the undersigned, acknowledge and understand that LearningQUEST and any member thereof is not responsible for my welfare or for any injuries, claims or losses arising from my participation in this activity. I therefore waive any and all claims or demands against LearningQUEST, its officers and directors, and its members for any injury, damage, or pecuniary loss due to participation in the above activity.

Name Date Signature Date

Name Date Signature Date

Emergency Information: Please list next of kin other than those traveling with you

Name Phone

PARTICIPANTS ARE NOT REGISTERED FOR THE TRIP UNTIL THE FEES HAVE BEEN PAID