Club Crabtowne, Inc.

Participation Requirements

Title:	**Page(s): of**
Date(s):	**Report Date:**
Leader:	**Phone:** ( )

WAIVER OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

Whereas, I_____, recognize that Club Crabtowne, Inc., also referred to as the Club, is a not-for-profit organization whose primary purpose is the promotion of skiing and other social and sporting activities for the benefit of its members, and their guests, and

Whereas, I understand that some of the Club sponsored activities may pose a danger to my health or safety, from accidents and unforeseen hazards, I never-the-less freely and voluntarily undertake the risks involved in such activities and agree to release and hold harmless from any and all liability for my death or injury, or injury to or loss of my personal property, Club Crabtowne, Inc., its officers, Board of Director, collectively as well as individually, and trip or activities leaders.

Further, as a condition for being allowed to participate in the trip designated as _____

beginning _____ and ending _____. I agree that I shall not bring any suit against Club Crabtowne, Inc., its officers, Board of Directors or the leaders of a trip or activity for any of the above mentioned losses to me.

Since many trips and activities involve travel to other states and foreign countries, I agree that the laws of the State of Maryland shall govern any claim that I may purport to have and that any action must be brought in the courts of Maryland.

I also accept as my continuing responsibility the duty to acquaint myself with the hazards and physical demands upon my person which may be required of me during this trip. If at any time during the trip, I feel that I am not capable of successfully undertaking a particular activity I shall not attempt that activity.

And in case of personal injury/accident while on a trip/activity with Club Crabtowne, Inc.; I understand that Club Crabtowne, Inc. takes no responsibility for a member, guest or non-member, personally or monetarily in the case of hospitalization, medical assistance, hotel or travel expenses. Trip Insurance may be offered on larger/overnight trips for your purchase, over and above the cost of the trip/activity.

_____ _____

Signature **Date**

I HAVE READ THE FOREGOING DOCUMENT AND AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS SET FORTH HEREIN WHILE ON THIS TRIP OR ACTIVITY.

This information is required in case of an emergency, so keep a copy with you at all times. Identify any special health conditions that can effect your participation.
Special Health Conditions (if any):

PARTICIPANT INFORMATION	*INSURANCE INFORMATION*
Full Name:	**Policy Holder's Name:**
Street Address:	*Policy Holder's Address (if different):*
City, State, Zip:	*City, State, Zip:*
Home Phone: ( )	*Phone: ( )*
Date of Birth:	***Relationship to Member:***
EMERGENCY CONTACT INFORMATION	**Insurance Company Name:**
Emergency Contact: **Relationship:**	**Group Name:** **Number:**
Emergency Contact'S Phone Numbers: **h ( ) w ( )**	**Policyholder ID Number:**
Hotel / Condo:	
Hotel / Condo Phone: ( )	