

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

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

I, (please print name as it appears on picture ID) _____, am voluntarily requesting to participate in the _____ to be held on _____ sponsored by the King of Prussia Ski Club, a not-for-profit organization. I recognize that any of the recreational activities that occur during this event may be hazardous. By signing this waiver, I knowingly and voluntarily assume all risks involved in my participation. By assuming all risks, I agree not to hold the King of Prussia Ski Club, Inc., its officers, board members, members (including but not limited to, the event organizer(s)) or participants (collectively "KOPSC") liable for any accident, injury, or any loss resulting from my participation. I am executing this Release knowingly voluntarily, and without reservation.

This Release shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without giving effect to conflicts of law principles. For any cause of action against the KOPSC resulting from participation in the above referenced event, the parties hereto irrevocably consent to the jurisdiction and venue of the courts of the Commonwealth of Pennsylvania located in Montgomery County, Pennsylvania, and of the United States District Court for the Eastern District of Pennsylvania. No action, regardless of form, arising out of the above referenced event shall be brought more than one (1) year after the cause of action has accrued.

I understand that KOPSC routinely takes photographs of its members engaged in meetings and activities and uses them for various purposes, including, but not limited to, publication in its monthly newsletter, its website, and/or other promotional media. I expressly consent to KOPSC's use of my likeness (including but not limited to, photographs or other images) for any and all purposes it deems necessary in KOPSC's sole and exclusive discretion.

THIS IS A LEGAL DOCUMENT. Participant agrees that s/he has had adequate time to review this Release (a copy of which is posted at www.kopsc.com), understands the terms and their legal significance, and has had the opportunity to have the Release reviewed by legal counsel of his/her choosing.

Signature _____ Date _____

Name: _____

Address: _____

City/State/Zip: _____

Evening Phone: _____ Day Phone: _____

Cell Phone: _____ Text Messages: Yes No

E-mail: _____

In event of emergency, Contact Name _____ Relationship: _____

Contact Phone: _____ Contact City/State: _____

Please list any medical alert information or allergies/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 request

Other information needed for this trip or activity (please refer to advertisement, e.g. ability level, t-shirt size, dinner entrée, etc.)

