

Ski-Dance Registration and Disclaimer

Return to: **Presidents' Ski-Dance Weekend**

**Eliot Applestein
6807 Breezewood Terrace
North Bethesda, MD 20852**

Your name(s): _____

Address: _____ City _____

State: _____ Zip: _____

Telephone: (____) _____ Work:(____) _____

E-mail _____ **(Registration confirmation and other trip details including any last minute communication will be sent by E-mail).**

Chose accommodation type:

MOTEL STYLE (2 to a room with bathroom)

Indicate number of participants

_____ Sierra Club Potomac Region Outings (SCPRO) or Ski Touring Section of the Potomac Appalachian Trail Club (STS) MEMBER ADULT(s) @ **\$245 (linens included).**

_____ Children under 11 can sleep in Parent Motel Room on floor mattresses. Cost **\$100 (linens included).**

MOTEL STYLE (Single occupancy)

_____ PATC (STS)/Sierra Club (SCPRO) MEMBER ADULT @ **\$300 (linens included).**

***MOTEL STYLE ROOMS are first come basis. If there is no space available, you will be moved to a cabin and receive discount (see cabin rates).**

There is one Motel room with 6 single beds with bath. It will be rented out to 3 or more same sex adults or two couples with each adult paying **\$205 (Linen service included)**. You must identify who is signing up for this room. Please indicate who is sharing this room:

Cabins (4, at most 6, to a room with bathroom)

Indicate number of participants

_____ PATC (STS)/Sierra Club (SCPRO) MEMBER ADULT(s) = \$170 (bring your own linens, no service in cabins).

_____ Children under 11 @ \$95 (bring your own linens, no service in cabins).

Non-PATC (STS)/Sierra Club (SCPRO) adults PLEASE ADD \$10 per person to your total payment.

INTERNET WIFI (available in Motel rooms and Dining Hall) add \$5 per person: # _____

TOTAL COSTS \$ _____

Enclosed is a check for the total I/we owe of \$ _____ made payable to "Eliot Applestein" for _____ adults, _____ children 1-11 years.

PLEASE NOTE: Registration CANNOT be accepted if the disclaimer below is not signed by all adults in your party:

Names and ages of child campers:

Meatless meals? _____ yes _____ no. Need a ride? _____ Can provide ride? _____

Housing preference: same gender ____; couple ____; family ____; and shared with _____

Member of (circle): Sierra Club (SCPRO) PATC (STS)

Disclaimer

Outing: 34nd ANNUAL SKI - DANCE WEEKEND Date(s): February 16-19, 2018

Leaders: Eliot Applestein & Bob Mathis

Sign- In Sheet & Acknowledgment of Outing Member Responsibility, Express Assumption of Risk, and Release of Liability.

In consideration for being permitted to participate in the identified PATC Ski Touring Section (STS) and Sierra Club Potomac Region Outings (SCPRO) activity, I, for myself and for my personal representative, assigns, heirs, and next of kin, do:

- 1. ACKNOWLEDGE that I understand the nature of skiing activities, that I am physically and mentally qualified to participate in such activities, and that it is my own responsibility to be appropriately clothed and equipped for that activity. I understand that the activity may be conducted over public roads and may involve

facilities open to the general public and that hazards of traveling are to be expected. I agree that it is my responsibility to immediately discontinue participating in the activity if at any time I believe conditions to be unsafe or that I do not have the requisite skills for a particular trail or activity.

2. **ACKNOWLEDGE** that cross-country skiing and other outside winter sports involve risks and the danger of serious bodily injury, including permanent disability, paralysis, and death. I understand that the volunteer trip leader, STS, and SCPRO are not responsible for screening participants for ability, proper attire, or equipment. I understand that there may be additional risks and expenses incurred as a result of participating in this activity, such as car breakdown expenses, stolen or damaged equipment, to name but two examples. I fully assume and accept all such risks and all responsibility for losses, costs, and damage I may incur as a result of my participation in the activity. It is my responsibility to obtain in advance any insurance coverage that I may want to cover the risk of such losses, costs, and damage.

3. **ACKNOWLEDGE** that the Ski Touring Section and SCPRO are an unincorporated association of individuals organized and brought together by a common interest in enjoying the healthful sport of Nordic or cross-country skiing in the wintertime. The Ski Touring Section association and SCPRO are uninsured. Those who agree to take part in its activities and scheduled trips do so at their own risk. The Ski Touring Section is affiliated with the Potomac Appalachian Trail Club (PATC). Those who participate in STS and SCPRO activities and who are not members of the PATC or the Sierra Club (SCPRO) have no legal interest in or claim to any insurance benefits that may exist in favor of members of the PATC or the Sierra Club (SCPRO) who suffer injury while participating in an STS/SCPRO activity.

4. **RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS** the Ski Touring Section (STS) and the Potomac Appalachian Trail Club (PATC), Sierra Club (SCPRO), their officers, administrators, directors, agents, and the volunteer trip leader for this activity, from all liability, claim, or demand relating to loss or injury on my account. In the event that any suit or action is brought directly or indirectly on my behalf against any of the named parties in connection with any loss or injury sustained in connection with an STS/ SCPRO - sponsored activity, I agree to indemnify the named parties as regards any expenses that may be incurred in defending against such suit or action.

I have read this agreement form, fully understanding its terms and conditions and the waiver of rights contained herein. I SIGN IT FREELY OF MY OWN VOLITION. If any portion of this agreement is held to be invalid, the remainder shall continue in full force and effect.

If the Participant is under the age of 18, his/her parent or legal guardian must read and sign below:
 I am the legal guardian or parent of the above-named minor. I have read and hereby consent to the terms of the Waiver on behalf of the minor and consent to his/her participation in the specified activity.

Name	Age of Minors	Signature	Address	Phone	Early Sign-Out (Initial)