

Oregon Nordic Club Portland Chapter Overnight Trip Application

TRIP NAME: _____ DATES: _____

YOUR NAME: _____ One person per application

Most trips are double occupancy. Share room with: _____, OR have leader arrange.

TRIP COST: \$ _____ DEPOSIT ENCLOSED \$ _____ I am a member of ONC Chapter*: _____

*You must be a current ONC member to participate in overnight trips. Signing up with membership pending is allowed.

Membership sign up online at <http://onc-pdx.org/membership-account/membership-levels/> or use the paper application form.

Mail a check made out to **ONC-Portland Chapter** to the trip leader with this **completed application**,

OR – email this signed application to the trip leader and pay on-line from <http://onc-pdx.org/activities/overnight-trips/>

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL **: _____ PHONE **: _____ Cell

EMERGENCY CONTACT: _____ PHONE: _____ Home

** If you do not have email and cell phone, contact the leader to arrange communication.

WAIVER AND RELEASE OF LIABILITY

Oregon Nordic Club (ONC). I am registering for an activity conducted by the Oregon Nordic Club (ONC) which is a nonprofit and volunteer run organization. In this waiver and release "the activity" is the activity for which I am hereby registering, and includes all of the travel to and from the activity, and includes all primary and ancillary activities. In this waiver and release reference to "ONC" is the Oregon Nordic Club and includes: each chapter of ONC associated with the activity; all officers, employees, members, volunteers, instructors, independent contractors, suppliers, or other agents of ONC or a chapter of ONC; activity organizers, officials, contractors, volunteers, or any other personnel in any way assisting or connected with the activity; and any sponsors of ONC or the activity.

Overview and Assumption of Risks. I know that participating in the activity, which includes an outdoor adventure and moderate to extreme physical exertion, is inherently dangerous and involves some degree of risk including without limitation, difficult terrain, wilderness risks, weather conditions, poor trails, and general risks of moving over snow and outdoor trails. In addition, there are risks from other people' behavior and with respect to rustic housing (if applicable). **I understand and accept the risks of the activity.** In addition, I understand and represent the following:

- I am medically able and properly trained to participate in the activity.
- I will use the proper equipment, supplies and clothing for the activity.
- I accept that it is impossible to foresee or anticipate all of the potential hazards of outdoor activities, and that each participant, including myself, must make decisions for themselves while participating in the event.
- I accept that, as a member of ONC, the activity will be led by volunteers.
- I have read and agree to ONC's trip policies.
- I agree to accept any decision by ONC with respect to my ability to participate in the activity and I authorize ONC to provide emergency medical treatment, which it believes is necessary in its discretion.

Waiver and Release. In consideration of the acceptance of my registration to participate in the activity, and having read this waiver and release, and acknowledging all of the risks of the activity, I hereby for myself and anyone else who might assert a claim on my behalf, agree to waive, release and discharge ONC from any and all claims or liability of any kind or nature whatsoever arising from my participation in the activity, including negligent actions by ONC. Entries for a minor will only be accepted with the signature of a parent or legal guardian.

Indemnification. I agree to indemnify ONC for any and all damages ONC incurs because of my actions, including without limitation: claims asserted by a minor for whom I have provided the waiver and release; injury to another person which I cause; claims from a medical provider who provides services to me as a result of my participation in the activity; all costs of defense by ONC with respect to my actions, including attorney fees prior to and during a legal action and any appeal.

Please read the ONC-PDX overnight trip policies from the ONC-PDX website before signing up for a trip; note the cancellation policy. Refunds are not made unless a replacement is found for your spot on the trip.

I have read and understand the above statements concerning ONC-PDX programs.

SIGNATURE: _____ DATE: _____ CHECK # _____



Travel Insurance Commercial travel insurance is available from a variety of providers. Please see [Trip Insurance](#) under the heading RESOURCES on the ONC-PDX website for the current listing of some trip insurance companies.

TRIP NAME: _____ DATES: _____

TRIP COST: \$ _____ DEPOSIT: \$ _____ Participation Confirmed
 Wait List