



THE KANSAS CITY OUTDOOR CLUB, INC.

PO Box 95
 Shawnee Mission, Kansas 66201-0095

WAIVER OF LIABILITY- DAY ACTIVITY ONLY (NO OVERNIGHT)

IMPORTANT: READ BEFORE SIGNING – SIGNATURE REQUIRED FOR PARTICIPATION

I, the undersigned, acknowledge that risk is associated with participation in the activity listed below and I assume the risk of loss and injury to me. I waive all claims for damage or loss to myself and property that may be caused by any act or failure to act of the Kansas City Outdoor Club, Inc., its officers, directors, leaders and agents. Approval of parent or guardian is needed for those below 18 years of age.

ACTIVITY / LOCATION: _____

ACTIVITY DATE: _____ LEADER: _____

ACTIVITY LEADER: *RETURN COMPLETED FORM TO DAY TRIP COORDINATOR*

	SIGNATURE (Required for participation)	KCOC Member		For membership information – List email or home address	Emergency Contact
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	SIGNATURE (Required for participation)	KCOOC Member		For membership information – List email or home address	Emergency Contact
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