



THE KANSAS CITY OUTDOOR CLUB, INC.

PO Box 95

Shawnee Mission, Kansas 66201-0095

WAIVER OF LIABILITY- EXTENDED TRIPS (INCLUDING OVERNIGHT)

Coordinator: Retain for 1 year after completion of trip

IMPORTANT: READ BEFORE SIGNING – SIGNATURE REQUIRED FOR PARTICIPATION

Activity: _____ Activity Date, beginning: _____ through _____

Activity Coordinator(s): _____

I, _____, acknowledge that risk is involved with outdoor activities such as camping, mountain ^{PRINT}hiking, biking, canoeing, backpacking, rafting and other related activities. I acknowledge that I am physically fit and accept full responsibility for all injuries or accidents resulting from my participation on this trip. 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 and agents.

Signed: _____ (Approval of parent or guardian is needed for minors)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Date: _____ KCOC Member: YES NO (KCOC members for overnight activities)

EMERGENCY INFORMATION

In case of serious accident or sudden illness, please notify:

Name: _____ (Name of parent or guardian if minor)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Relationship: _____ (friend, neighbor, parent, etc.)

List any known medical conditions, medication currently being taken or allergies, which you believe the activity coordinator, should be aware of to assure proper response in the case of an emergency:

Date: _____ Signed: _____