

TRIP PURCHASE AGREEMENT

FOR TRIP LEADER USE

SKI COUNCIL, INC.		
SN COUNCIL, INC.		Deposit
TRIP NAME		Bal Due
ADD ONG		Final Due Date
ADD-ONS (pre/post trip, equipment rentals, etc.)		_
		Received:
NAME(Exactly as it appears on your Passport or Driver's Licens	e) (Nickname)	Date
		Time
ADDRESS		*All pricing based on double
CITYSTA	ΓΕ ZIP	occupancy. Single rooms MAY be available for an additional fee.
Home () Work ()	Cell (
		PASSPORT
E-MAIL		INFORMATION International Travelers
PREFERRED ROOMMATE:(Must appear on both person)		
(Must appear on both person'	s agreement)	A copy of passport must
Emergency Contact (Someone <u>not</u> on the trip):	Phone #s	be provided to trip leader no later than 90 days
Name:	(H)	prior to travel. The
		6 months remaining as of
Relationship	(C)	— the date of departure for
Email	(O)	your trip.
applicable fees and must sign a waiver of liability. CANCELLATION POLICY		
I understand that if I cancel my trip, I will be charged a cancellation fe deadline will be liable for any and all additional liquidation cost that the		articipant canceling from a trip after the specified
TRAVEL INSURANCE	, , , , , , , , , , , , , , ,	
I have been advised that travel insurance is recommended and available named above. I understand that I risk losing my payments made for the pre-existing conditions may not be covered if travel insurance is not pre-	s trip and there may be additional costs as a re-	sult of unforeseen events. I also understand that
I have been advised that travel insurance is recommended and available named above. I understand that I risk losing my payments made for the	is trip and there may be additional costs as a re- archased within 10 days of the trip deposit date ization. For participating in this event, I hereballey Ski Council, and all of its officers, trustee connected with or involved in producing the event of damages that might occur in route to, participating	sult of unforeseen events. I also understand that by acknowledge-for myself, my heirs, executors, as, trip leaders and member agents who are acting ents, from all liability and I hereby waive any and cipating in, and/or returning from such activities.
I have been advised that travel insurance is recommended and available named above. I understand that I risk losing my payments made for the pre-existing conditions may not be covered if travel insurance is not pre-existing conditions may not be covered if travel insurance is not pre-existing conditions may not be covered if travel insurance is not pre-existing conditions may not be covered if travel insurance is not pre-existing that the Ohio Valley Ski Council is a volunteer, non-profit organ administrators, unconditionally release and forever discharge the Ohio Valley Ski Council, as well as any person or business of claims, demands, or actions on account of my injury or death or on account	is trip and there may be additional costs as a restrict and within 10 days of the trip deposit date ization. For participating in this event, I hereballey Ski Council, and all of its officers, trustee onnected with or involved in producing the event of damages that might occur in route to, participating and I accept all responsibility for participation. In accordance with the policy of the Coups, financials, coordinating and running the trip.	y acknowledge-for myself, my heirs, executors, s, trip leaders and member agents who are acting ents, from all liability and I hereby waive any and cipating in, and/or returning from such activities icipating in this event. OVSC, the Trip Leader will receive a reward for rip. However, it is understood that I, not the Trip
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