



## Trip Waiver

By signing below I agree to be responsible for my own safety and hereby release Minnesota Rovers and its agents, officers, and members of any responsibility or liability of any nature whatsoever; for any loss of property or personal injury to myself, or any member of my party, occurring on this trip or any activity related to it.

TRIP DATE \_\_\_/\_\_\_/\_\_\_ TRIP NAME \_\_\_\_\_ COORDINATOR \_\_\_\_\_

*PLEASE PRINT CLEARLY AND THEN SIGN NEXT TO YOUR NAME*

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ MEMBER? Y / N (CIRCLE)

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ MEMBER? Y / N (CIRCLE)

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

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