



CENTRAL CT SNOW SNAKES

TRIP ENROLLMENT

Trip Name: _____

Trip Date: _____

Follow payment schedule as on the flyer.

All checks SENT to TRIP LEADER.

All checks PAYABLE to: Central CT Snowsnakes



Waiver/Release

Please fill out:

Each person attending trip must sign below.

	Print Name	Age / Member#	Signature	Email / Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I release Central CT Snowsnakes, It's Officers, It's Board Members and its members from any liability or personal injury, death, or property damage for this trip. This release includes without limitations all transportation, accommodations, events, activities and equipment that may be provided. Please feel free to make a copy for your records.