

S.E.E. Mates Trip Registration Form & Accident Waiver and Release of Liability



Air/Land cost is \$2,078 pp/do

Trip Deposit Amount Due:

Initial Deposit \$500.00 per person
 Final Payment by July 1, 2021 \$1,578.00 pp or
 \$200 per person/per mo payment plan available.
 Contact Kathy Ryan 978 270 9302 for details.

Please provide credit card info and authorization below or mail payments to: S.E.E. Mates, LLC
 106 Water Street, Newburyport, MA 01950

How to sign up for a S.E.E. Mates Trip

1. Call or email the Trip Leader to confirm space is available. Participants must be S.E.E. Mates S&TC members.
2. Print and complete this registration form
3. Please note that all payments received for the Northern Lights & Golden Circle trip are nonrefundable except as follows: Tour excluding transfers/airfare may be exchanged for lifetime credit with GAdventures. Travel insurance is highly recommended.

Trip Information

Trip Destination	S.E.E Mates Ski & Travel Club – Northern Lights & Golden Circle - Iceland	
Dates:	October 22 – October 27, 2021	
Trip Leader(s):	Kathy Ryan	
Activity:	Chasing Northern Lights, sightseeing, walking	
Physical Requirements for activity if applicable (i.e., specialty trips):	Ability to walk on uneven ground without assistance	
Special equipment for activity if applicable (i.e., specialty trips):	none	
Other considerations:		
Deposit Amount Enclosed:		Check #:
Make check payable to: S.E.E. Mates, LLC and mail to address above.		
CREDIT CARD PAYMENT AUTHORIZATION Deposit \$500.00 and final payment. Initial here: _____		
I hereby authorize my credit card to be provided to G Adventures by S.E.E. Mates, LLC.		
No. _____	Exp. _____	CVV _____
Signature _____		

Personal Information (Please attach the photo page of valid U.S. passport.)

Name(s) Please print:		
Street Address:		
City:	State:	Zip:
Home phone:	Work:	Cell:
Email:		
Roommate preference:		
Special request:		
Other considerations:		
**in case of an emergency contact:		
**Emergency phone number(s):		

Please turn over, read and sign the Accident Waiver and Release of Liability form. Your trip registration will not be complete without your signature.

**S.E.E. MATES Ski and Travel Club
Accident Waiver and Release of Liability**

Brief Description of event and its physical requirements: Please refer to reverse side (Page 1).

Trip Destination	Iceland
Dates:	October 22 – October 27, 2021 (Optional air: October 22, 2021)
Trip Leader(s):	Kathy Ryan and G Adventures Chief Experience Officer
Activity:	Walking on unpaved ground, sightseeing

I ACKNOWLEDGE THAT THERE ARE CERTAIN UNPREVENTABLE RISKS INHERENT IN THIS ACTIVITY THAT MAY RESULT IN INJURY AND I UNDERSTAND THAT MY PARTICIPATION PLACES ME AT RISK FOR INJURY.

1. I voluntarily choose to participate in the activities shown above and accept and assume the risk of bodily injury, death or property damage occurring while participating in them notwithstanding such risks and dangers.
2. I certify that I am physically fit and have not been advised to not participate by qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.
3. I, for myself and my heirs, successors, assigns and personal representatives, hereby absolve, release and discharge and S.E.E. Mates, LLC, their respective agents, officers, directors, volunteers and successors and assigns (hereinafter referred to individually or collectively as "Releasees") from any blame or liability or causes of action whatever, whether based on tort, contact, express or implied, or any other theory, arising from, or on account of, property damage, economic loss, personal injury or death, related to or arising from my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons.
4. I further hereby covenant not to sue and agree to indemnify and hold harmless Releasees from any liability or causes of action whatsoever arising from property damage, economic loss, personal injury or death, related to my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons and including, without limitation, liability for loss of consortium which may be asserted by my spouse or others, and agree to pay the legal fees and expenses of Releasees associated with the defense of any claims brought in violation of this Agreement.
5. This Accident Waiver and Release of Liability Form shall be governed by the laws of the State of New Hampshire. By signing this Accident Waiver and Release of Liability Form, I further agree that the State of New Hampshire will be the exclusive jurisdiction in which I may bring any suit related to or arising out of the activities. This Agreement shall be binding on me and on my heirs, successors, assigns and personal representatives. If any provision herein is or becomes invalid or unenforceable, in whole or in part, that shall not affect the validity or enforceability of any other provision.
6. I hereby consent to receive medical treatment, by others, which may be deemed advisable in the event of injury accident and/or illness during this activity or event.
7. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Seacoast Ski Club, its agents, and officers.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I am of sound mind and body and not under the influence of alcohol or any illicit or prescription drug or medication which may in any way impair my ability to enter into this agreement. I fully understand the respective intent and meaning of all of the terms and provisions hereof and to participate in the Activity. I UNDERSTAND THAT BY SIGNING BELOW, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL FOR MYSELF.

READ BEFORE SIGNING:

SIGNATURE **DATE** **PRINT NAME**

SIGNATURE **DATE** **PRINT NAME**