



**How to sign up for our S.E.E. IRELAND – “When Irish Eyes Are Smiling” Tour through S.E.E. Mates Ski & Travel Ski Club**

- Club membership is required to join this trip – with dues paid before submitting this form.
- Call or email the Trip Leader to confirm space is available.
- Print and complete this registration form (you may register as a single or with a roommate)
- Mail your registration/waiver form/cancellation agreement and check to S.E.E. Mates. Be sure to sign pg. 2
- Make checks payable to **“S.E.E. Mates, LLC.”**  
Circle and initial any requested adjustments for single supplement (+\$756.00) to be reflected in the final balance. Subject to availability and postmark.

<b>Trip Destination</b>	<b>Ireland</b>	<b>Dates:</b>	<b>5/26 – 6/7/2022</b>
<b>Trip Leader(s):</b>	Paula Durkee & Kathy Ryan	<b>Price:</b>	\$ 4,236.00 pp/do
<b>Activity:</b>	Touring/Walking/Cycling	<b>Lodging:</b>	First Class hotels and castle stays
<b>Pre or Post Stay</b>	Are you interested in arriving Dublin early or adding additional nights at the end of our adventure? Yes: ____ No: ____ (Please initial.)		
<b>Payment Schedule (per person)</b>	Deposit: \$750.00 Due: ASAP Pmt #2: \$750.00 Due: 9/15/21	Pmt #3: \$750.00 Due: 11/15/21 Balance due: _____ 2/15/22	
<b>Deposit Amt Enclosed:</b>	<b>Check #:</b>	<b>Make check payable to: S.E.E. Mates, LLC</b>	
<b>Mail to Registration/Deposit to:</b>	S.E.E. Mates, LLC - 106 Water Street, Newburyport, MA 01950		

**Personal Information**

	Participant #1	Participant #2
<b>Name):</b>		
<b>Address (Street, City Zip):</b>		
<b>Phone (mobile preferred):</b>		
<b>Email:</b>		
<b>Travel ID name (EXACTLY):</b>		
<b>Date of Birth:</b>		
<b>Gender:</b>		
<b>Passport Number:</b>		
<b>Passport Expiration Date:</b>		
<b>TSA PreCheck # (optional):</b>		
<b>Will you have Covid-19 vaccination certificate?</b>	No ___ Yes ___ Completed date ____	No ___ Yes ___ Completed date ____
<b>Paid S.E.E. Mates membership?</b>	No ___ Yes ___ Expiration date _____	No ___ Yes ___ Expiration date _____
<b>Roommate preference:</b>		None: Single Supplement: + \$756.00 ____
<b>Bedding:</b>	Single Bed ___ Shared Bed ___	Single Bed ___ Shared Bed ___
<b>Allergies?</b>	Yes ___ No ___ If yes, what type? _____	Yes ___ No ___ If yes, what type? _____
<b>Emergency contact name:</b>		
<b>Emergency phone:</b>		

**Please turn over, read and sign the Accident Waiver and Release of Liability form. Your trip registration will not be complete without your signature.**  
Are you submitting this form and deposit for another member? Yes \_\_\_ No \_\_\_ If yes, print your name here: \_\_\_\_\_

*Club membership is required to join this trip. To become a member, please join at myseemates.com.*

## S.E.E. Mates Ski & Travel Club Waiver

Brief Description of event and its physical requirements: Please refer to the following.

<b>Trip Destination</b>	Ireland
<b>Dates:</b>	May 26 – June 7, 2022
<b>Trip Leaders:</b>	Paula Durkee and Kathy Ryan
<b>Activity:</b>	Walking, Touring, Optional cycling

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 the S.E.E. Mates Ski & Travel Club, 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, contract, 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 Massachusetts. By signing this Accident Waiver and Release of Liability Form, I further agree that the State of Massachusetts 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 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**