

# St. Clair County Right to Life March for Life 2018 Bus Trip Registration Form

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Registration Type: \_\_\_ Quad (\$165) \_\_\_ Triple (\$180) \_\_\_ Double (\$215) \_\_\_ Single (\$315)

If registering for multiple occupancy, please indicate rooming preferences below:

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*Please enclose payment with registration. Release of liability form below must be signed. Minors must be accompanied by parent or authorized responsible party. Major credit cards accepted, 3% processing fee charged for credit card use. Mail completed form to St. Clair County Right to Life, 4348 Pine Grove, Fort Gratiot MI 48059. E-mail questions to [marchforlife@sccrtl.org](mailto:marchforlife@sccrtl.org) or call (810) 987-5433.*

### Accident Waiver and Release of Liability

Bus trip to March for Life in Washington, D.C., January 18 – 20 2018

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, and waive, release and discharge St. Clair County Right to Life, and their directors, board members, officers, employees, volunteers, agents, representatives or assigns and the activity or event sponsors, from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons release, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may occur to me as a result of participation in the above named activity. I agree to indemnify, hold harmless, and promise not to sue the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of those released or otherwise.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature

Date: \_\_\_\_\_

Parent Signature (If participant is under 18 years old. Minor waiver on back of form must also be completed for minors.)

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon those parties because of any defect in or lack of such capacity to so act and release those parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party (if other than parent)

\_\_\_\_\_  
Signature of Parent or Guardian