



**MAIL-IN TRIP REGISTRATION FORM**

**Your Contact Information:**

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

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Did someone refer you to us (who)?: \_\_\_\_\_

**Your Trip Information:**

What trip are you registering for?: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Cost of Trip: \_\_\_\_\_

Are you registering any additional people?:

• Additional #1 name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

• Additional #2 name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

(Use additional sheets if needed)

Discount Code (if any): \_\_\_\_\_

Total Cost of Trip (amount enclosed): \_\_\_\_\_

**Outdoor Connections Mailing Address:**

**Mail to: Outdoor Connections LLC  
9 2<sup>nd</sup> Avenue  
Roseland, NJ 07068  
Attn: Registration**

**(PLEASE READ AND SIGN RELEASE AND WAIVER BELOW)**



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (“AGREEMENT”)  
PLEASE READ BEFORE SIGNING**

In consideration of participating, in any way, in the OUTDOOR CONNECTIONS LLC programs, and its related events and activities, I represent that I understand the nature of the Activity and that I am in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe Activity conditions are unsafe, I will immediately discontinue participation and notify OUTDOOR CONNECTIONS LLC of my discontinuation in said Activity.

I fully understand that this Activity may involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibilities for losses, costs, and damages I incur as a result of my participation in the Activity.

I, for myself and on behalf of my heirs, assigns, personal representation and next of kin, hereby release, discharge, and covenant not to sue OUTDOOR CONNECTIONS LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees for any loss, liability, damage, or cost which again may incur as a result of such claim.

I understand and content to OUTDOOR CONNECTIONS LLC, retaining the right to use, for publicity and advertising purposes, photographs, moving pictures, recordings, or and other record of my participation, in their activities/services without any expectation of compensation for the use there of.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effort.

\_\_\_\_\_  
Printed Name of Participant

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

\_\_\_\_\_  
Signature of Participant

If emailing, click [here](#) to agree with waiver.