

2020 BACKBONE TREK

May 2nd – May 9th
Registration & Liability Forms



FEES are \$ 435.00 per person

Make check payable to SMMTC send with this form (& liability form) to:
Backbone Trek 2020
3459 Bear Creek Dr.
Newbury Park CA 91320

IMPORTANT DATES

- February 1, 2020 Registration opens
- April 1, 2020 Last day for refund
- April 8, 2020 Registration Closes

Please NOTE: The envelope containing your check, Registration and Liability Forms must be postmarked NO EARLIER than February 1, 2020. Your cancelled check is your receipt.

NAMES (PLEASE PRINT)

1. _____ Age: _____ M: F:

2. _____ Age: _____ M: F:

MAILING ADDRESS

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____ **Fax:** _____

E-mail: _____

FIGURE COST BELOW:

NUMBER OF ADULTS _____ @ \$435.00 PER PERSON

TOTAL ENCLOSED \$ _____ ENCLOSED (Make check payable to **SMMTC**)

IMPORTANT:

Each participant listed must fill out and sign the **Liability Form** before registration is complete.
Emergency Contact Name & Address:

Special dietary requirements? Yes No Explain:

Tee Shirt size: **Mens:** S M L XL XXL

Tee Shirt size: **Womens:** S M L XL

Full refunds (minus a \$20 cancellation fee) are made if cancellations are postmarked April 1, 2020 or earlier. No refunds can be given after April 1, 2020. Cancellation and request for refund must be made by mail only, addressed to the registrar – or by e-mail and acknowledged by the registrar.

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SANTA MONICA MOUNTAINS TRAIL COUNCIL BBT TREK LIABILITY FORM

Santa Monica Mountains Trails Council requires that each participant attending the Santa Monica Mountains Backbone Trail Trek read, sign, and return this release form when registering for the BBT Trek.

Santa Monica Mountains Trail Council hereafter referred to as SMMTC. Santa Monica Mountains Backbone Trail Trek, hereafter referred to as BBT.

I understand that by participating in SMMTC-BBT Trek, I may be exposed to a variety of dangerous conditions, hazards and risks, both foreseen and unforeseen. I understand that I will be participating in an outing that may include the danger of damage to my property, injury to myself, or death ("damages"). I know that these damages can occur from natural conditions, acts of nature, or by the actions of animals, other BBT Trek participants, SMMTC members, volunteers, or leaders, or third parties not associated with SMMTC. I know that these damages can occur as the result of negligence or because of other reasons.

I understand that risks of such damages are inherent in an activity such as BBT Trek, and I appreciate that I may have to exercise extra care for my own safety, as well as for the safety of those around me in the face of such hazards. I further understand that on BBT Trek there may not be rescue or medical facilities or expertise necessary to deal with the damages to which I may be exposed. I understand that these risks exist, and yet I still wish to participate in this outing and will pay the required fee for it.

In exchange for my acceptance as a participant in this SMMTC outing, and for the services provided by SMMTC in connection with it, I confirm that I have read the foregoing and voluntarily assume all risks of any damages that may occur in connection with the outing. I also agree to hold SMMTC harmless for, and hereby waive, release and discharge all claims I might have for any damages against SMMTC (which includes its officers, directors, employees, members, volunteers, leaders, and agents), even though those damages may result from the negligence of SMMTC. I intend that this agreement shall bind my heirs, executors, administrators and assigns, and shall include any minors accompanying me on the outing.

I also understand that the leader or leaders in charge of SMMTC – BBT Trek each day have the authority to enforce safety rules. By signing this release I am also agreeing that I will abide by the SMMTC rules applicable to this outing.

I certify that I have no medical condition that might affect my ability to complete the walk. I understand that if I have any question in my mind as to my physical or emotional ability to complete the walk I will consult with my physician to receive medical clearance. I understand and agree that I have an affirmative obligation to inform SMMTC of any such condition, should one develop prior to the walk, by contacting the SMMTC registrar for the BBT Trek.

By signing this release, I am also agreeing that I will abide by all SMMTC registration policies and rules.

PRINT NAME(S) & SIGN:

1. _____

2. _____

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____