

## 2010 Donner Party Hike: October 9 & 10, 2010

# Registration Fees & Form



Pre-registration required to guarantee reservation

- **Sign up before October 1 and SAVE!** •

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

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Saturday Hikes, October 9** Prices are \$45 per hiker (\$50 after October 1). Price includes guided hike, commemorative hat, barbecue lunch and afternoon activities. Mark Saturday hike choice.

**Sunday Walking Tour, October 10** \$15 includes Sunday interpretive walks, entrance to Emigrant Trail Museum, and day use at Donner Memorial State Park.

**2-day Hike Package** \$60 per hiker (\$65 after October 1). Price includes Saturday guided hike, commemorative hat, barbecue lunch and afternoon activities plus the Sunday interpretive walks, entrance to Emigrant Trail Museum, and day use at Donner Memorial State Park.

HIKER NAME	SATURDAY							TOTAL
	DFW	RP	RPJ	CP	HSL	RS	SU	
	DFW	RP	RPJ	CP	HSL	RS	SU	
	DFW	RP	RPJ	CP	HSL	RS	SU	
	DFW	RP	RPJ	CP	HSL	RS	SU	
Total Payment								

*The Waiver (on page two of this document) must be signed to secure pre-registration. Payment must be received by October 1, 2010 to secure early registration discount. A confirmation packet with maps will be sent to anyone registering before September 26, 2010. For more information and directions please call (530) 587-8808, fax (530) 587-2439 or email [info@truckee.com](mailto:info@truckee.com).*

### Payment Options

Check enclosed for \$ \_\_\_\_\_ payable to Truckee Donner Chamber of Commerce

Charge to my  VISA  MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

### MAIL FORM, SIGNED WAIVER AND PAYMENT TO:

Truckee Donner Chamber of Commerce, 10065 Donner Pass Rd., Truckee CA 96161  
 OR FAX TO: 530-587-2439

# Accident Waiver & Release of Liability

**Event: Donner Party Hike, October 9 & 10, 2010**

I acknowledge this event, which includes hiking, may test a person's physical limits and carries with it the potential for serious injury.

The risks include, but are not limited to; those caused by terrain, facilities, temperature, weather, lack of hydration, conditions of participants, actions of other people including, but not limited to, participants, volunteers, event officials, event monitors and/or producers of the event. I hereby assume all of the risks of participating in this event.

I AM AWARE THAT HIKING AND THIS EVENT ARE POTENTIALLY HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

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I certify that I am physically sound and have not been advised otherwise by a qualified medical person. I acknowledge the Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers for any event in which I may participate and it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself agree that I, my executors, administrators, heirs, next of kin, successors and assigns will not make a claim against or sue the Truckee Donner Chamber of Commerce, Sugar Bowl, Donner Memorial State Park and Just Imagine Marketing & Design or any of its affiliated organizations ("Releasees") for injury or damage resulting from the negligence or other acts, however caused, by any employee, agent or contractor of the Releasees as a result of my participation in the Donner Party Hike as follows: (A) Waive, Release and Discharge from any and all liability from my death, disability, personal injury, property damage, property theft or actions of any kind which may accrue to me or my traveling to and from this event, the following entities or persons: Truckee Donner Chamber of Commerce, Sugar Bowl, Donner Memorial State Park and Just Imagine Marketing & Design.

I hereby release the Releasees for any and all actions, claims that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the Donner Party Hike. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, or illness during this event. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

## Parent/Guardian Waiver for Minors

The undersigned parent and/natural guardian or legal guardian does hereby represents that he/she is in fact, acting in such capacity and agrees to save and hold harmless and indemnify the Releasees from all liability, loss, cost claim or damage whatsoever which may be imposed upon said parties Releasees because of any injury or damage resulting from the negligence or other acts to the minor, defect in or lack of such capacity to so act and release said parties on behalf of the minor, and the parents or legal guardian.

I hereby certify I have read this document and understand its contents. Please sign in order as registered above.

**Hiker 1)** Signature of Adult or Name of Minor \_\_\_\_\_ Date \_\_\_\_\_

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

**Hiker 2)** Signature of Adult or Name of Minor \_\_\_\_\_ Date \_\_\_\_\_

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

**Hiker 3)** Signature of Adult or Name of Minor \_\_\_\_\_ Date \_\_\_\_\_

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

**Hiker 4)** Signature of Adult or Name of Minor \_\_\_\_\_ Date \_\_\_\_\_

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