MOSAIC OUTDOOR MOUNTAIN CLUB of MASSACHUSETTS, INC.
P.O. Box 1821
Brookline, MA 02446
(866) 895-0615
Mosaic_mass@yahoo.com
www.mosaicoutdoor.org/Boston

Activity: _____

Date(s): _____ Total participants (incl TC) _____

Trip Coordinator(s): _____

I am aware that the activities of the Mosaic Outdoor Mountain Club of Massachusetts are extremely hazardous. I am voluntarily participating in the activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury, damage, or death.

I am aware that I am signing a Release of Liability between myself and the Mosaic Outdoor Mountain Club of Massachusetts and/or its chapters, groups, officers, guides, members, employees, agents, leaders, instructors, contractors, volunteers, or directors. I sign it out of my own free will, and am not under the influence of any alcohol, drugs, or narcotics.

(For office use) **Trip Code:** _____

M=member, G=guest ($5 fee is required for all guests, and contact info)

Member/Guest Name	Signature	M / G	Telephone or email	$5 Guest Fee (Y/N)

Trip Coordinator: **Have everyone (including TCs) print their name and sign the form before the activity begins. Please ask for e-mail address and send completed form and the nonmember fees to the address at the top of this form.**

☐ **Your feedback and comments about this trip, and the trip process, are important to the Mosaic Board. Please check here, and write your comments on the back.**

Revised 1 July 2006

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