



P.O. Box 40242  
1430 Concordia Ave.  
St. Paul, MN 55104

## TRIP WAIVER

By signing below I agree to be responsible for my own safety and hereby release Minnesota Rovers and its agents, officers, and members of any responsibility or liability of any nature whatsoever; for any loss of property or personal injury to myself, or any member of my party, occurring on this trip or any activity related to it. If participant is a minor (under 18 years of age), signature of a parent or legal guardian is required below.

**TRIP DATE**                      **TRIP NAME / ACTIVITY**                      **COORDINATOR**

**x** \_\_\_\_\_ **Under Age 18? Yes / No**  
SIGNATURE OF PARTICIPANT                      PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN                      PRINTED NAME                      RELATIONSHIP

\_\_\_\_\_  
E-MAIL                      PHONE

\_\_\_\_\_  
ADDRESS

**x** \_\_\_\_\_ **Under Age 18? Yes / No**  
SIGNATURE OF PARTICIPANT                      PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN                      PRINTED NAME                      RELATIONSHIP

\_\_\_\_\_  
E-MAIL                      PHONE

\_\_\_\_\_  
ADDRESS

**x** \_\_\_\_\_ **Under Age 18? Yes / No**  
SIGNATURE OF PARTICIPANT                      PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN                      PRINTED NAME                      RELATIONSHIP

\_\_\_\_\_  
E-MAIL                      PHONE

\_\_\_\_\_  
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\_\_\_\_\_  
E-MAIL                      PHONE

\_\_\_\_\_  
ADDRESS