



Overnight Registration Form

Name of Adventure: _____

Participant Information:

Name: _____ Date of Birth: _____

Street: _____ Apt / Unit: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone (that will be taken on adventure): _____

If you are not a MY Credit Union Member, what is the name of the Member that you are a guest of?

Rooming Information

_____ Single _____ Double

_____ King Bed _____ Two Beds (Queen / Double)

Handicap Accessible? _____ Yes _____ No

Rooming With: _____

Dietary Needs

Please list any food allergies or dietary needs: _____



Overnight Adventure Payment Form

Name of Adventure: _____

Participant Name: _____

Contact Number: _____

Payment Options:

Please fill out necessary information based on option selected.

- MY Credit Union Visa Points (overnight trip only)
- Gift Certificate (overnight trip only)
- Check
- Deduction from MY Credit Union Account
- Automatic Withdrawal from another financial institution
- Credit Card (*Visa, MasterCard & Discover accepted*)

MY Credit Union Visa Points

Points must pay for entire balance of overnight trip. Point amount required available on trip brochure.

Cardholder Name: _____ Phone: _____

Card Number: _____

Number of Points to be debited: _____

I agree to have MY Credit Union deduct the number of points listed above from the MY Credit Union Visa listed above.

Printed Name: _____

Signature: _____ Date: _____

Gift Certificates

Gift Certificates may be used one per person on overnight adventures only.

Gift Certificate Amount: _____ Gift Certificate Code: _____

If your Gift Certificate does not contain a code, please email adventureclub@mymncu.org and mail/drop off gift certificate to:

MY Credit Union Adventure Club
c/o Tara Kingsley
9550 Lyndale Ave S
Bloomington, MN 55420



Overnight Adventure Payment Form

Payment by Check

Checks can be dropped off at any branch location, or mailed to:

MY Credit Union Adventure Club
c/o Tara Kingsley
9550 Lyndale Ave S
Bloomington, MN 55420

Please include the following information if you are mailing in your check.

Checks should be made payable to: MYCU Adventure Club.

Check No. _____ Amount Enclosed: _____

Deduction from MY Credit Union Account

Fill out the below information to permit MY Credit Union to pull funds from your MY Credit Union account.

___ Checking: _____ Dollar Amount: _____

___ Savings: _____ Dollar Amount: _____

I acknowledge these funds will be taken from my account _____
Signature

Automatic Withdrawal

Fill out the below information to permit MY Credit Union to pull funds from your account at the below named institution.

Account Owner _____

Financial Institution Name _____

Routing Number _____

Account Number _____

___ Checking ___ Savings

Payment Amount _____

I acknowledge these funds will be taken from my account _____
Signature



Overnight Adventure Payment Form

Credit Card

Fill out the below information to permit MY Credit Union to pull funds using your credit or debit card backed by Visa, MasterCard or Discover – including the MY Credit Union Rewards Visa!

Cardholder Name _____

Card Number _____

Expiration Date _____ Security Code _____

Payment Amount _____

Billing Address

Street _____

City _____ State _____ Zip Code _____

Email Address _____

I acknowledge these funds will be taken from my account _____
Signature

For Credit Union Use Only

Payment Processed On: _____

Payment Processed By: _____



Release and Waiver of Liability and Hold Harmless Agreement

1. In consideration for participating in a MY CREDIT UNION Adventure Club event, I hereby release, waive, discharge and covenant not to sue MY CREDIT UNION their volunteers, officers, agents or employees (herein after referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the risks and hazards connected with the MY CREDIT UNION Adventure Club event, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of releasees or otherwise.
3. I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of releasees or otherwise.
4. I understand that MY CREDIT UNION does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio for appropriate coverage.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Minnesota.
6. In participating in the MY CREDIT UNION Adventure Club, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and abide by it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I agree with this release for full, adequate and complete consideration fully intending to be bound by same.

Date: _____

Participant Name: _____

Participant Signature: _____

Event: _____

Dates of Event: _____



Risk for COVID-19

Dear Valued Adventure Club Participant,

The health and safety of our participants, staff and vendors is our top priority. What is expected of attendees:

You are solely responsible for assessing and implementing the appropriate safety and security measures for yourself. Your participation in safe practices is required.

The World Health Organization, Center for Disease Control and the Minnesota Department of Health all have resources and guidelines available to understand the risks of attending events. Your understanding of this information provided by the above-mentioned agencies is your responsibility. We continue to follow the guidance and recommendations of the Minnesota Department of Health.

We require that attendees self-certify that they do not have symptoms, have not been diagnosed with or had direct contact with a known or suspected COVID-19 case in the past 14 days, and will comply with the event's safety policies and procedures including wearing face coverings if desired or mandated by the MN Department of Health and/or the State of Iowa and/or the State of Illinois, physical distancing, and other determined requirements. Violation of policies will cause removal from the event at your expense.

To ensure the safety of our staff and guests, we are asking you to assess any symptoms you may have *on the day of the adventure*. You will be asked to fill out an additional form on the day of the trip to review each symptom listed below and answer "yes" or "no" if this is a symptom that you are experiencing and cannot attribute to another health condition. Regarding symptoms, the form on the day of the trip will read as follows:

Do you have:

- Fever or feeling feverish?
- Chills?
- Shortness of breath?
- A new sore throat?
- New muscle aches?
- New headache?
- New loss of smell or taste?

If you answered "Yes" to any of the symptoms listed above, you will not be permitted to attend the adventure. My Credit Union Adventure Club will work to refund as much as possible of the adventure cost **but cannot guarantee a refund -- even a partial refund**. I understand that I may not be able to get a refund on the day of the adventure should I experience any of the above symptoms that I cannot attribute to another health condition and not be able to participate in the adventure.

COVID-19, ITS VARIANTS WAIVER:

By purchasing a ticket and/or attending an event, I automatically accept the Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19, its variants, and other communicable viruses or diseases.

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19 the novel coronavirus, its variants, and other communicable viruses or diseases. COVID-19 and its variants are extremely dangerous and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal, state, and local health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. I understand and recognize that preventative measures have been put in place to reduce the spread of COVID-19 and its variants; however, I may become



Risk for COVID-19

infected with COVID-19 or its variants. Further, attending adventures with MY Credit Union, could increase my risk of contracting COVID-19 and/or its variants. By paying for and by participating, I acknowledge the contagious nature of COVID-19 and its variants and voluntarily assume the risk of being exposed or infected by COVID-19 and/or its variants by attending adventure(s) and that such exposure or infection may result in personal injury, illness, permanent disability, and /or death. I understand that the risk of becoming exposed to or infected by COVID-19 or its variants on the adventure may result from the actions, omissions, or negligence of participants and other, including, but not limited to employees, volunteers, and program participants and their families. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, illness, permanent disability, and /or death, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in connection with my or anyone I have legal responsibility for in connection with attendance and/or participation on this adventure. On my behalf and on behalf of anyone on this adventure for whom I am legally responsible for, I hereby release, covenant not to sue, discharge, and hold harmless MY Credit Union, its employees, agents and representatives of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of My Credit Union, its employees, agents, representatives, where a COVID-19 its variants, and other communicable viruses or diseases infection occurs before, during or after participation in this adventure or associated event program.

Participant's Printed Full Name: _____

Participant's Date of Birth: _____

Participant's Email Address: _____

Participant's Signature: _____

Date Signed: _____



IN CASE OF EMERGENCY RETURNING ADVENTURER

Personal Information

Name: _____ Date of Birth: _____

Street: _____ Apt / Unit: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

I agree that the information in the In Case of Emergency Form previously dated _____ is still true and correct and may be relied upon by medical professionals in the case of an emergency. I give MY Credit Union employees permission to take whatever emergency measures deemed necessary for my care and protection during the participation in an adventure. In case of extreme emergency, I understand I will be transported to the nearest known hospital by local emergency unit for treatment as deemed necessary. Any expenses incurred are my responsibility. I understand that registration for this adventure waives all rights and claims for any and all injuries from whatever cause suffered by participation in adventure-related activities. By participating in this My Credit Union adventure, I automatically accept the Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19. I understand that MY Credit Union is not responsible for lost, stolen or damaged items.

Print Name

Signature

Date Signed