



**Quilt
Among
Friends**

Travel Agreement

Emergency Contact Information & Liability Waiver

Name: _____

Please Print

Last,

First,

Middle Initial

Emergency & Medical Information - In case of emergency, please contact:

Name: _____

Please Print

Last,

First

Primary Phone #: _____

Alternate Phone #: _____

What should we know about you? *(food allergies, physical limitations, medications, etc)*

Personal Liability Waiver and Indemnification Agreement

All guests who attend any off-site event or trip must sign this liability & indemnification agreement. Your signature is required in order to finalize your registration. Upon completion, please return this document to Quilt Among Friends.

I hereby agree to indemnify Quilt Among Friends, its owners, customers, representatives, transportation companies, and other guests from & agree to never make a claim for injury, loss, or damage to me or my personal property, or anyone accompanying me, to any and all travel events with Quilt Among Friends.

Signature: _____

Date: _____

Printed Name: _____

Please complete and return document to Quilt Among Friends to finalize the registration process. Thank you.