# MEMBERSHIP APPLICATION

# TRI VALLEY SKI CLUB

**P. O. Box 2114 • Montclair, CA • 91763**

Last Name First Name MI

Street

City State Zip

Home Phone (Include Area Code) Work Phone

Cell Phone e-mail address – this is how we keep in touch!

Male_____Female_____Birthday_____
Month / Day

Occupation_____

__I do not wish my number to be published in the directory.

For Family Membership (Must be at the same address)

Last Name First Name MI

Home Phone (Include Area Code) Work Phone

Cell Phone e-mail address – this is how we keep in touch!

Male_____Female_____Birthday_____
Month / Day

Occupation_____

__I do not wish my number to be published in the directory

You will receive an e-mail notice when the newsletter is available on the Tri Valley Website: www.trivalleyskiclub.com. If you prefer to receive a black & white copy via snail mail, please check here ❑

## Waiver and Release of Liability

In consideration of being allowed to participate in any way in the **Tri Valley Ski Club** programs, related events and activities,
I / We_____, _____
**(PRINT NAME(s)**
the Undersigned, acknowledge, appreciate, and agree that:

**1.** The risk of injury from the many activities is significant, including the potential for permanent paralysis and death, and while particular skills, rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

**2. I / WE KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others and assume full responsibility for my participation; and,

**3.** I / We, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE TRI VALLEY SKI CLUB,** their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event **("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

I / WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

## NOT VALID UNLESS SIGNED.

**SIGNATURE:**_____ Date

**SIGNATURE:**_____ Date

**Membership Year – July 1_____ thru June 30_____**

| **DUES & FEES** | **NEW** (first time only) | **RENEW** | **LATE RENEW – after July 31** |
|---|---|---|---|
| Member | ☐ $35.00 | ☐ $30.00 | ☐ $35.00 |
| Family | ☐ $65.00 | ☐ $55.00 | ☐ $65.00 |

FOR SKI CLUB USE ONLY

Amount $_____ Date _____ Cash Recvd: $_____
Check #_____ Received By _____

*Version: July 2006 AMS June 12, 2007*