

Finger Lakes Ski Club Membership Application Form

Make checks payable to **Finger Lakes Ski Club** and mail this completed form and check to:

Finger Lakes Ski Club
PO Box 161
Auburn, New York 13021

Please check one:

_____ \$20 individual or _____ \$25 couple / family

Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Email Address _____

I prefer to receive The Snowflake newsletter: _____ hard copy _____ by email

If joining as a family membership, list other family members' name and relationship:

Check Interests: _____ downhill skiing _____ cross-country skiing _____ snowshoeing _____ hiking _____ biking
_____ camping _____ social events _____ golf

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement:

By signing this membership application to the Finger Lakes Ski Club, I (we) recognize that any athletic or outdoor activity involves a degree of risk. I willingly and knowingly accept such risks associated with the Finger Lakes Ski Club outings, events, trips. Therefore I, my family, and / or my heirs agree to release from any liability forever the Finger Lakes Ski Club, its officers, directors, members, associates or agents, for any personal injuries or my death as a result of my (our) taking part in any event, outing or trip that the Club offers. Membership is valid October 1 through September 30 annually.

Participant's Signature: _____

I HAVE READ THIS RELEASE _____ Printed Name _____ Date _____

Participant's Signature: _____

I HAVE READ THIS RELEASE _____ Printed Name _____ Date _____

Parent / Guardian Signature: _____

I HAVE READ THIS RELEASE _____ Printed Name _____ Date _____