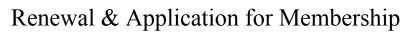


FAMILY SKI MEISTERS SKI CLUB





Family Name:		Date: _		
Address:		City, State, Zip: _		
Home Phone:	Cell:	E-Mail: _		
Type of Membership	p: New Member, dues \$60/Family:	(Y/N) Renew	ral, dues \$35/Family:	(Y/N)
Family Members: Husband		M/F	Birthdate 	*Ski Ability*
Wife				
Child				
Child				
Child				
* \underline{A} = Advanced \underline{I} = Intermed	diate (comfortable skier, avoids steep runs) \underline{NV} = Novi	ce (at least 1 year of experie	ence) NE = New (less than 1 ye	ear of experience)*
Instruction Jun Membership in the condividuals. Membership in the condividuals. Membership in the consideration of the referred to as "FSM") Activity, I hearby, for a voluntarily enter into the whatsoever against the lofficers, located at Lag representatives, predece paralysis, death, damage Club Activity, including	ical to the success of our club, please ior Program Membership Socion Program Socion Progr	al EventsTrip C ple or single parer ill be admitted as on any Snowboarding or Activity"), and as cor dministrators, assigns, y waive any and all r and do hearby release es, managers, membe sical or psychological by family may suffer a	coordination Comment/legal guardians with openings occur. any other Family Ski Manideration for the right, or personal representation ights, claims or causes of and forever discharge the rs, agents, attorneys, stall injury, including but not a direct result of my page.	Meisters (hereinafter to participate in the ives, knowingly and of action of any kind he FSM Club and its ff, volunteers, heirs, ot limited to illness, articipation in a FSM
for liability, damages, co if litigation arises pursua	ompensation or otherwise brought by me an ant to any claims made by me or by anyone penses, I agree to reimburse the FSM Club a	yone on my behalf, in e else acting on my be	cluding attorney's fees a	nd any related costs,
	to assume full responsibility for any insura The undersigned applicant also certifies tha			self, spouse and any
Member/Applicant S	Signature:		Date:	_
29.1	pplicants only → Referred By: tive Committee Sign Off			