



FAMILY SKI MEISTERS SKI CLUB

Renewal & Application for Membership



Family Name: _____ Date: ____ - ____ - ____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____ E-Mail: _____

Type of Membership: New Member, dues \$60/Family: ____ (Y/N) Renewal, dues \$35/Family: ____ (Y/N)

Family Members:	M/F	Birthdate	*Ski Ability*
Husband _____	___	____ - ____ - ____	____
Wife _____	___	____ - ____ - ____	____
Child _____	___	____ - ____ - ____	____
Child _____	___	____ - ____ - ____	____
Child _____	___	____ - ____ - ____	____

* A = Advanced I = Intermediate (comfortable skier, avoids steep runs) NV = Novice (at least 1 year of experience) NE = New (less than 1 year of experience)*

Volunteerism is critical to the success of our club, please select one of the committees to participate in:

Instruction ____ Junior Program ____ Membership ____ Social Events ____ Trip Coordination ____ Communications ____

Membership in the club is open to families (Married couple or single parent/legal guardians with children) and individuals. Membership is limited and new members will be admitted as openings occur.

Waiver and Release of Liability

In consideration of the risk of injury while participating in Skiing, Snowboarding or any other Family Ski Meisters (hereinafter referred to as "FSM") Club activity (hereinafter referred to as "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my family, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever against the FSM club arising out of any club Activity, and do hereby release and forever discharge the FSM Club and its officers, located at Lagrangeville, New York 12533, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I or my family may suffer as a direct result of my participation in a FSM Club Activity, including traveling to and from a FSM Club Activity.

I agree to indemnify and hold harmless the FSM Club and its officers against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If the FSM Club and its officers incurs any of these types of expenses, I agree to reimburse the FSM Club and its officers.

The undersigned agrees to assume full responsibility for any insurance, including health insurance coverage, for self, spouse and any accompanying minors. The undersigned applicant also certifies that he/she is at least 18 years of age.

Member/Applicant Signature: _____ Date: _____



New Applicants only → Referred By: _____

Executive Committee Sign Off _____ Date: _____

