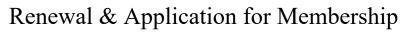


FAMILY SKI MEISTERS SKI CLUB





Family Name:		Date:		
Address:		City, State, Zip:		
Home Phone:	ome Phone: Cell:		E-Mail:	
Type of Membership: Far	nily: \$35 Single \$	\$20		
Family Members: Member 1		M/F	Birthdate 	*Ski Ability*
Member 2				
Children included in the fa	mily membership will be tho	se who are depend	lent upon the family	y up to the age of 26.
Child				
Volunteerism is critical to	the success of our club, ple gram Membership So	ase select one of the	he committees to pa	articipate in:
•	open to Families (Married of sover the age of 25 are welf as openings occur.			· · · · · · · · · · · · · · · · · · ·
referred to as "FSM") Club ac Activity, I hearby, for myself, voluntarily enter into this waiv whatsoever against the FSM cluo officers, located at Lagrangevi representatives, predecessors, s paralysis, death, damages, econ	cinjury while participating in Strivity (hereinafter referred to as my family, my heirs, executors er and release of liability and he lab arising out of any club Activitle, New York 12533, their affil successors and assigns, for any pomical or emotional loss, that I ong to and from a FSM Club Activity	s "Activity"), and as, administrators, assigned waive any and aty, and do hearby releases, managers, membhysical or psychologor my family may suff	consideration for the gns, or personal represal all rights, claims or cat ease and forever dischanbers, agents, attorney gical injury, including	right to participate in the sentatives, knowingly and uses of action of any kind arge the FSM Club and its s, staff, volunteers, heirs, but not limited to illness,
for liability, damages, compens if litigation arises pursuant to a	armless the FSM Club and its off ation or otherwise brought by me ny claims made by me or by any I agree to reimburse the FSM Clu	e anyone on my behal one else acting on my	f, including attorney's	fees and any related costs,
	me full responsibility for any ins dersigned applicant also certifies			e, for self, spouse and any
Member/Applicant Signature:			Date:	-3
	ants only → Referred By:			
Executive Co	ommittee Sign Off		Date:	