BUCKS MOUNT SKI & SNOWBOARD CLUB

MEMBERSHIP APPLICATION
(Must be filled out and signed by all members every year)
ONE FORM PER FAMILY BUT ALL MUST SIGN
PLEASE WRITE VERY LEGIBLY

Name: _____

Phone (Home): _____ (Cell)_____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Referred by: _____ _____

MEMBERSHIP and TRIP WAIVER and RELEASE FORM

Intending to be legally bound hereby and as a condition of membership in the **BUCKS MOUNT SKI & SNOWBOARD CLUB** (hereinafter referred to as **CLUB**) I do hereby release and fully discharge said **CLUB** and all its members, representatives and officers from all liability, claims, or obligations due to or as a result of, any personal injury or bodily harm sustained or suffered by me or my family as a result of any social, athletic, or sporting activity sponsored or conducted in part or whole by said **CLUB** including transportation to and from said activity. Further, all activities are at my own risk. I further release said **CLUB**, its members, instructors and representatives from all claims or liability for any property or valuables lost, mislaid, or stolen.

I sign this fully realizing that my participation or engagement in the activities of said **CLUB** may subject me to personal injury or bodily harm.

WAIVER AND RELEASE

I DO UNDERSTAND THE TERMS OF THE TRIPS AND THE REFUND POLICY, AND I HEREBY RELEASE THE **BUCKS MOUNT SKI & SNOWBOARD CLUB** AND ITS MEMBERS, REPRESENTATIVES AND OFFICERS FROM ANY AND ALL LIABILITY OR CLAIMS DUE TO OR AS A RESULT OF ANY PERSONAL INJURY OR BODILY HARM SUSTAINED OR SUFFERED WHILE ON A CLUB SPONSORED TRIP. I DO UNDERSTAND THAT SKIING/SNOW BOARDING IS A STRENUOUS PHYSICAL ACTIVITY IN WHICH MY GOOD HEALTH AND OWN SKILLS ARE NECESSARY TO SKI/RIDE SAFELY AND IN CONTROL AT ALL TIMES.

I FURTHER HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE CONTENTS OF THE RELEASE-INDEMNITY.

_____   _____
Name (print)   Name (print)

_____   _____
Name (sign and date)   Name (sign and date)

APPROVAL AND ACCEPTANCE BY PARENT OR GUARDIAN

The undersigned, the parents or legal guardian of, have read the following, WAIVER AND RELEASE on behalf of ourselves and the said minor, intending to be legally bound hereby.

_____   _____
Minor's Name and Age   Minor's Name and Age

_____   _____
Parent's Signature and dae   Parent's Signature and date

Send to Maureen MacMath, 3435 Oakmont Street, Philadelphia, PA 19136