

**Wolverine Ski Club**  
2015- 2016 Membership Application

**Individual or Head of household** (complete all the information below, add additional family members below. In addition each member or family is encouraged to join NYSSRA Nordic at [www.nyssranordic.com](http://www.nyssranordic.com) . NYSSRA is the provider of our insurance and membership is required to compete in many of their events.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail address \_\_\_\_\_

**Each member must complete the waiver and release of liability below.**

In consideration for the rights and privileges associated with membership in the Wolverine Ski Club. I acknowledge and agree to be bound by the following:

**1. Identification of Risks.** I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross country ski competitions and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inaction's or negligence of myself or others.

**2. Assumption of the Risk.** I agree that I am responsible for my safety while participating in activities associated with Wolverines Ski Club and that such Responsibility includes participation only; a) when I am both physically and psychologically repaired to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.

**3. Waiver.** Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the Wolverine Ski Club its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with Wolverine Ski Club except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who may pursue any legal action or claim on my behalf.

**4. Insurance.** I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entitles from providing this coverag e for me.

\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

\*Parent or guardian signature if member/s is/are under 18 years of age.

**Additional Family Members - of immediate family and same address**

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_ Youth Program \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_ Youth Program \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_ Youth Program \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_ Youth Program \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_ Youth Program \_\_\_\_\_  
Signature \_\_\_\_\_

**Remittance:**

\$ \_\_\_\_\_ **MEMBERSHIP DUES:** STUDENT \$20, INDIVIDUAL \$30, FAMILY \$50

\$ \_\_\_\_\_ **YOUTH PROGRAM:** \$15 EACH PARTICIPANT NO. \_\_\_\_ X \$15= \_\_\_\_\_

\$ \_\_\_\_\_ **DONATION FOR Groomer Fund** (Voluntary)

\$ \_\_\_\_\_ **TOTAL ENCLOSED** payable to **Wolverine Ski Club, Po box 419, Barneveld NY 13304**