

SITZMARKER SKI CLUB MEMBERSHIP APPLICATION/RENEWAL
P.O. Box 20013, Riverside Calif 92516

Membership is open to any person over the age of 21. Please complete this application, sign and attach the annual fee. Make checks payable to "Sitzmarker Ski Club, Inc.". Submit to the Membership Chairperson at any General meeting or mail to the above address. If mailing, write "Membership" on the outside of the envelope. Please sign the Waiver of Liability at the bottom of the application.

Annual Fees: Please check box

New Member (Single) \$35.00

Renewal: Member (Single) \$30.00

New Members (Married/Co-habitant) \$55.00/couple
(Includes name badges)

Renewal: Members \$45.00/couple.

\$5.00 Late Fee for renewals after July 1st

Check here if there are NO CHANGES from last year
Include your name on the application/renewal form. SIGN THE LIABILITY RELEASE below.

First Name: _____ Last Name: _____ M/F

First Name Spouse/Co-habitant: _____ Last Name Spouse/Co-habitant: _____ M/F

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Cell Phone Spouse/Co-habitant: _____

Email Address: _____

Email Address Spouse/Co-habitant: _____

Birthday (Month & Day): _____ Birthday Spouse/Co-habitant (Month & Day): _____

Occupation: _____ Occupation Spouse/Co-habitant: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE #: _____

How did you hear about the Sitzmarker Ski Club? _____

Check here if you do **NOT** want your personal information in the Club Directory.

LIABILITY RELEASE, CLAIM WAIVER AND INDEMNIFICATION

In consideration of my being allowed to participate in Sitzmarkers Ski Club events and activities, hereby agree as follows

- LIABILITY** – I hereby assume all risks in my participation in Sitzmarkers Ski Club events and activities, and release and hold harmless from liability, Sitzmarkers Ski Club and its members. I waive any and all claims I may hereafter have against them as a result of injury to my person (including death), or to my property, as a result of or in connection with my participation. I also agree to indemnify the above persons and organization for any and all claims, actions, losses, and damages (including attorney fees), which may occur as a result of any injury to or caused by me, or injury to my or the claimant's property, or due to my death, which may occur as a result of my participation or connection with my participation.
- SCOPE OF RELEASE** – I am signing this Liability, Release, Claim Waiver and Indemnification with full knowledge of California Civil Code Section 1542 which reads, "A general release does not extend to claims which the creditor does not know or suspects or exists in his favor at the time of executing the release, which, if known by him, must have materially affected his settlement with the debtor." The provisions of this statute and any similar provisions of the state in which these events and activities are held are hereby waived
- By signing below, I am indicating my acceptance of this Release, Claim Waiver and Indemnification. I am representing that I am in sufficiently good physical condition so as to participate without jeopardizing my health, and that I am of legal age to sign this Release, Claim Waiver and Indemnification, I acknowledge that I have read, understood and agree to the above.

Signature: _____ **Date:** _____

Signature Spouse/Co-habitant (if applicable): _____ **Date:** _____

MEMBERSHIP NOT VALID WITHOUT SIGNED WAIVER

Membership Chairperson

Signature: _____ Date: _____