

Sitzmarker Ski Club

2009-2010 MEMBERSHIP APPLICATION

Mail to: PO Box 11163 Albuquerque, NM 87192

255-7669 (ALL-SNOW) Web Site: <http://www.nmsitzmarkers.org>

NAME-LAST _____ FIRST _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ CELL PHONE _____

OCCUPATION _____

WORK PHONE _____ WORK PLACE _____

E MAIL ADDRESS _____

DATE OF BIRTH—optional (mm/dd only) _____

(MINIMUM AGE OF A MEMBER MUST BE 21)

(THE ABOVE INFORMATION IS FOR BOARD MEMBERS USE ONLY
NO INFORMATION IS SOLD OR USED FOR COMMERCIAL PURPOSES)

Membership Fees Check One: Full Year ___ \$20 (Nov – Oct)
Summer ___ \$15 (May – Oct)

Check if Renewal: ___
Member Since: _____

Referred by or how did you find out about us? _____

Sitzmarker Ski Club - WAIVER AND RELEASE I, _____, understand and accept that alpine skiing, cross-country skiing, boating, water skiing, hiking, climbing, motorcycling, off-road driving and even common physical activities such as dancing, golfing and playing baseball or softball are inherently hazardous sports or recreational activities that may lead to personal injury and even death. I agree, as a condition of being allowed to participate in such activities or others sponsored and/or conducted by the Sitzmarker Ski Club (SSC), that I freely accept and voluntarily assume all risks of personal injury or death and hereby release and hold harmless the SSC, its agents, employees, directors, board members, officers and volunteers from any and all liability for personal injury, property damage and/or loss which may result in any way from the sponsorship, organization, leadership, advice or from the use of any facilities or equipment owned, provided or contracted by the SSC in connection with any activity offered by the SSC, including, but not limited to, alleged negligence, failure to act, or errors and omissions of any kind whatsoever. I understand that the SSC is a not-for-profit organization run by its members on a volunteer basis and that the SSC does not have any resources to pay any claims for alleged liability for any injuries or damages sustained by members or their guests while participating in or as a spectator of activities offered by the SSC; furthermore, I understand that the SSC does not carry or maintain liability or health insurance coverage of any kind. I agree to waive any right to institute any legal action whatsoever against the SSC and release the SSC from any liability. I understand that I am not obligated in any way whatsoever to participate in any activity offered by the SSC and that my participation is strictly voluntary and subject to advice and consent of my personal physician or health professional. In case of a dispute arising from this Waiver and Release, both the undersigned and the SSC, agree to settle any dispute through the services of a certified New Mexico Arbitrator. I have read and understand this Waiver and Release. I am signing it freely and of my own accord, realizing it is a legally binding agreement upon me, my estate, my heirs and assigns.

Signature

Printed Name

Date

A signed waiver must be on file prior to your participation in Club activities. Please complete, sign and send this Waiver with your Club Registration Form to: Sitzmarker Ski Club, P.O. Box 11163, Albuquerque, NM 87192.

***** Official Use Only *****

Date _____ Payment: Cash \$ _____ or Check # _____ Received By _____

Membership Type (Circle): Annual / Summer Member Card Provided: _____