

**2020/21 MEMBERSHIP APPLICATION**

*Seward Nordic Ski Club*

PO Box 2082 Seward, AK 99664

www.sewardnordicskiclub.org

sewardnordicski@gmail.com

Becoming a member of the Seward Nordic Ski Club not only provides huge benefits to you and your family, but also give you the warm feeling of satisfaction that you are contributing to the creation and maintenance of Nordic ski trails in the Seward area. You have many levels of support to choose from (mark the box which matches your desired level of support.)

Member Information (please print clearly):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Family Members, if purchasing a Family Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you interested in volunteering? Whether it’s helping to organize/man an event, grooming trails, helping during ski race or providing needed instruction to youth and adults. Please check the box is you’re interested in hearing from our volunteer coordinator.

YES, I AM INTERESTED IN VOLUNTEERING!

**LOCAL BUSINESSES CAN ALSO SUPPORT THE SEWARD NORDIC SKI CLUB!**

Sponsor the Seward Nordic Ski Club through your business with a tax-deductible donation. At the $200 business level, your business name will be posted on our site, shared through our social media and at local events. The $500 corporate level will include adding your business logo and a link to your site. If you’re interested in arranging more generous sponsorships, please contact us at sewardnordicski@gmail.com.

**$250 Business Level**  ** $500 Corporate Level**  **Other $\_\_\_\_\_** 

**TOTAL PAYMENT ENCLOSED: $\_\_\_\_\_\_\_\_\_\_ \*make checks payable to SNSC and mail to box 2082, Seward, AK 99664**

**Trail Meister Member**

Individual - $75

Family - $120

**For the active trail user who wants to show strong support for the club.**

**Basic Member**

Individual - $40

Family - $60

**Support trail grooming & events and earn discounts on ski rentals.**

**\*\*BOTH SIDES OF MEMBERSHIP FORM MUST BE COMPLETED AND MAILED FOR VALID MEMBERSHIP\*\***

SEWARD NORDIC SKI CLUB RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK and INDEMINITY AGREEMENT (“Agreement”)

In consideration of myself, OR my child, participating in the snow ski related activities, and/or other activities (“Activities”) **offered by Seward Nordic Ski Club (SNSC), I represent that I**, OR my child, understand the nature of these Activities and that **I am** and my child are **qualified**, in good health and in proper physical condition to participate in such Activities. I acknowledge on behalf of myself, OR my child, that **if I, OR my child, believe** event/Activity **conditions are unsafe**, we will immediately discontinue in the Activity.

**It is fully understood that these activities involve inherent risks and dangers** of serious bodily injury, including permanent disability, paralysis and/or death, **which may be caused by my** OR my child’s **own actions or inactions, those of others** participating in the Activities, **the conditions** in which the Activities take place, **or the negligence of the ‘releases’** named below, and **that there may be other risks known to me** OR my child, or not readily foreseeable at this time; and I, OR my child, fully **accept and assume all such risks and all responsibility** for losses, costs and damages I, OR my child, might incur as a result of my OR my child’s participation in the Activities.

**I hereby agree for myself and for my child to release, discharge, indemnify and covenant not to sue** its respective administrators, directors, agents, officers, volunteers, and employees, any sponsors, advertisers and, if applicable, owners and lessors of the premises on which the Activities take place (each considered one of the “Releases” herein), and release and discharge them from all liability, claims, demands, losses, or damages on my account accused or alleged to be cause in whole or in part obey the negligence of the “releases” or otherwise, including negligent rescue operations**; and I further agree** that if, despite this release, waiver of liability, and assumption of risk, that I, or anyone on my behalf of my child, makes a claim against any of the Releases, **I will indemnify, save and hold harmless** each of the Releases from any loss, liability, damage, or cost which may incur as the result of such claim.

**I have read** this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, **and understand** that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, **and intend it to be** a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement/release agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name of Participant #1 Signature of Participant #1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name of Participant #2 Signature of Participant #2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name of Participant #3 Signature of Participant #3

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name of Participant #4 Signature of Participant #4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Parent/Legal Guardian Date
(if participant(s) is/are a Minor Child)