

## BUCKS MOUNT SKI & SNOWBOARD CLUB MEMBERSHIP APPLICATION TRIP WAIVER AND RELEASE FORM



(Must be filled out and signed by all members)

| Name:   | Phone (home):  | Phone (home):   |   |  |
|---|--|---|---|--|
| Address:  | City:  | State:  | Zip:  |  |
| Referred by:  | E-mail:  |   |   |  |
|   | <ul> <li>☐ I opt to receive the newsletter via e-mail only.</li> <li>☐ I opt to receive the newsletter by regular postal mail.</li> </ul>                      |   |   |  |
| Intending to be legally bound hereby <b>SNOWBOARD CLUB</b> (hereinafter r and all its members, representatives result of, any personal injury or bodi social, athletic, or sporting activity stransportation to and from said activity <b>CLUB</b> , its members, instructors and valuables lost, mislaid, or stolen. | eferred to as <b>CLUB</b> ) do he<br>and officers from all liabi<br>ly harm sustained or suffer<br>sponsored or conducted in<br>ity. Further, all activities a | reby release and full disc<br>lity, claims, or obligation<br>red by me or my family<br>a part or whole by said<br>are at my own risk. I f | charge said CLUE<br>ons due to or as a<br>as a result of any<br>CLUB including<br>urther release said |  |
| I sign this fully realizing that my parme to personal injury or bodily harm.  | ticipation or engagement in  | n the activities of said C  | LUB may subject   |  |
| I DO UNDERSTAND THE TERMS HEREBY RELEASE THE BUCKS REPRESENTATIVES AND OFFICE AS A RESULT OF ANY PERSON WHILE ON A CLUB SPONSORED IS A STRENUOUS PHYSICAL ACARE NECESSARY TO SKI/RIDE SATE I FURTHER HAVE READ THE FOTHE RELEASE-INDEMNITY.   | MOUNT SKI & SNOW ARS FROM ANY AND AL AL INJURY OR BODILY TRIP. I DO UNDERSTACTIVITY IN WHICH MY AFELY AND IN CONTRO  | BOARD CLUB AND L LIABILITY OR CLAY HARM SUSTAINED ND THAT SKIING/SN GOOD HEALTH AND LAT ALL TIMES.  | ITS MEMBERS<br>IMS DUE TO OR<br>OR SUFFERED<br>OW BOARDING<br>D OWN SKILLS                            |  |
| Name (print)  | Name (pri  | int)  |   |  |
| Name (sign and date)  | Name (sig  | gn and date)  |   |  |
| APPROVAL AND ACCEPTANCE E   | BY PARENT OR GUARDI  | AN  |   |  |
| The undersigned, the parents or legal good behalf of ourselves and the said minor   |  |   | D RELEASE on  |  |
| Minor's Name and Age  | Minor's N  | Name and Age  |   |  |
| Parent's Name (print)   | Parent's 1   | Name (print)  |   |  |
| Parent's Signature and Date   | Parent's S   | signature and Date  |   |  |