

GRINDELWALD SKI CLUB
PO BOX 91694, PASADENA, CA 92209-1694
APPLICATION FOR MEMBERSHIP

Last Name	First Name	MI	Male or Female	Spouse	Last Name	First Name	MI	Male or Female
Street				Phone: (Res)				(Bus)
City	State			Cell Phone				E-Mail
Phone (Res)				Date of Birth: Mo.	Day	Year		
Cell Phone:						Date of Birth: Mo.:	Day	Year
E-Mail								Date of Birth: Mo.:
						Date of Birth: Mo.:	Day	Year

Please list name(s) of family member(s) under age 18:

Full Name: _____	DOB: _____
Full Name: _____	DOB: _____
Full Name: _____	DOB: _____

AREAS OF INTEREST IN WHICH YOU WOULD LIKE TO PARTICIPATE: (Please Check)

SNOW ACTIVITIES:

Skiing _____
 Cross Country _____
 Snow Boarding _____
 Other: _____

SOCIAL:

Annual Luau _____
 Octoberfest Party _____
 Holiday Parties _____
 Theatre Evenings _____
 Chili Cook-Off _____
 Installation Banquet _____
 Day at the Races _____
 Bridge Social _____

OUTDOOR:

Pismo Beach Trip _____
 Garage Sale _____
 Bicycling _____
 Club Picnics _____
 Whitewater Rafting _____
 Houseboating _____
 Annual Ski Trips _____
 Out of State – Jan/Feb _____
 Lake Tahoe Ski Trip –
 March _____

PLEASE LIST OTHER ACTIVITIES OF INTEREST TO YOU:

WHAT ARE YOUR HOBBIES?

PLEASE CHECK ONE: I would like to receive the GSC Newsletter “Nachrichten” by:
Electronic Mail _____ or Regular Mail _____

GRINDELWALD SKI CLUB ANNUAL MEMBERSHIP DUES: \$35 PER ADULT
\$55 PER FAMILY (Children under 18)

**PLEASE REMIT YOUR CHECK WITH APPLICATION FOR MEMBERSHIP
 (PAYABLE TO GRINDELWALD SKI CLUB)**

AND

SIGN WAIVER ON REVERSE SIDE OF THIS APPLICATION

RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the events and activities, of **GRINDELWALD SKI CLUB**, I acknowledge, appreciate, and agree that:

1. The risk of injury from the many of the activities is significant, including the potential for permanent paralysis and death, and while particular skills, rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **GRINDELWALD SKI CLUB** their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

DATE SIGNED _____	Emergency Phone # and Contact _____
(Participant's Signature)	
DATE SIGNED _____	Emergency Phone # and Contact _____
(Participant's Signature)	

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for _____, _____, _____, _____, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I also consent to allow medical treatment in the event of an emergency.

(Parent/Guardian signature) Date Signed _____