

Membership Application
GRANTS PASS NORDIC SKI CLUB
P.O. Box 742 Grants Pass, OR 97526

Name _____ Phone _____

Mailing Address _____

Number of Members in family _____

E-Mail _____ (for Newsletter delivery)

Please send newsletter by US Post _____

Membership Dues: \$20 (\$15 if paid before Dec. 1) Single \$25 (\$20 if paid before Dec. 1) Family

Personal Information (optional)

Level: Beginner 1-3 years 4+ years Pro

Equipment: Own Rent Borrow

Skills (check all that apply):

Cross Country Track..... Telemark Ski race

First aid Snow camp Snow shoe..... Ski Patrol

Other interests:

Alpine ski..... Bicycle Kayak

Backpack Hike

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

By submitting this application for my membership, I, the undersigned, have fully apprised myself of the dangers of outdoor sports and especially of the danger of winter activities and of "the inherent risk skiing" [as defined in ORS 30.970(1)]. By having full knowledge of the risks incident to cross country skiing, I freely and voluntarily agree to accept and assume the inherent risks of skiing insofar as they are reasonably obvious, expected or necessary, arising from my participation in Grants Pass Nordic Ski Club (GPNSC) activities. I recognize and acknowledge that the GPNSC is not a "ski area operator" per ORS definitions. I further waive and release for myself, my heirs, assigns, executors, and administrators all claims, demands, actions or causes of actions for damage known or unknown that I may have against the GPNSC from any incident to or arising from my participation in the Club's activities.

SIGNATURE

Date

SIGNATURE

Date