

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

MEMBERSHIP RENEWAL

Member No. 1

Member No. 2

Last Name First Name MI Male or Female

Last Name First Name MI Male or Female

Street

Street

City State Zip

City State Zip

Phone (Res): _____ (Bus): _____

Phone (Res): _____ (Bus): _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Date of Birth: Mo. ____ Day ____ Year ____ (Member No. 1)

Date of Birth: Mo. ____ Day ____ Year ____ (Member No. 2)

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

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

GRINDELWALD SKI CLUB ANNUAL DUES

Membership Status

Dues

_____ Active Single	\$35.00
_____ Couple/Family (children under 18 - same address)	\$55.00
_____ Charter	\$20.00
_____ Honorary	None**
_____ Life (Still requires signature(s) on Waiver)	\$20.00 per member
Note: If you do not send this form in with your signature(s) on the Waiver, your name(s) will be dropped from our Roster and your Membership(s) will lapse.	
_____ Associate – Single (see comments below).....	\$30.00
_____ Associate – Couple (Same address – signatures of both required)	\$45.00
Note: Associate(s) must live outside Los Angeles County, and has/have been an Active Member(s) for 5 or more years, and is/are not entitled to vote. (Bylaws Article IV, Section 1(b).	

****Honorary:** Donations will gladly be accepted to help cover printing and mailing of Nachrichten and Roster. Thank You!

MEMBERSHIP DUES ARE DUE 9/1/2017 AND DELINQUENT 10/1/2017. All renewals sent after 10/01/17, names will not appear in the 2018 Roster.

PLEASE REMIT YOUR CHECK WITH MEMBERSHIP RENEWAL PAYABLE TO GSC (Envelope enclosed) and mail to Jim Peet, 625 N. Brighton Street, Burbank, CA 91506

Person(s) to be contacted in case of emergency: (Please complete and indicate Member 1 or 2)

Name: _____ Relationship: _____ Member 1 ___ Member 2 ___
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

Name: _____ Relationship: _____ Member 1 ___ Member 2 ___
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

****PLEASE CHECK ONE: I WISH TO RECEIVE THE NACHRICHTEN BY: ELECTRONIC _____ OR REGULAR _____ MAIL.**

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

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.

_____ Date Signed _____
(Parent/Guardian signature)