

## Nordic Wrecks X-Country Ski and Showshoe Club Membership Application Names: (please print)

Are you a new member: Yes \_\_\_\_\_ No \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal

Code \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone:

(\_\_\_\_) \_\_\_\_\_ E-

Mail: \_\_\_\_\_

\_\_\_\_\_ EMERGENCY CONTACT: Name: \_\_\_\_\_ Phone:

(\_\_\_\_) \_\_\_\_\_ Children (12+)/Students Name(s)

1. \_\_\_\_\_

2. \_\_\_\_\_ PAYMENT: (Cheques are preferred – Payable to Nordic Wrecks)

All memberships are \$20.00 \_\_\_\_\_

Make cheques payable to Nordic Wrecks and mail to:

Linda Vanderhoek, 316 Second Street, New Westminster, BC V3L 2K8 604 520-1052

## Release, Waiver and Assumption of Risk

This document affects your legal rights – please read it CAREFULLY

I recognize and acknowledge that there are risks associated with participation in activities organized by or through the Nordic Wrecks X-Country Ski and Snowshoe Club, (hereinafter known as NWXCSC). In consideration of being permitted to take part in activities organized by or through the NWXCSC, I voluntarily agree to Assume and Accept All Risks and agree to save harmless and keep indemnified the NWXCSC and its officers, agents, organizers, leaders and members. I hereby Release agents, organizers, leaders and members for any injury, loss or damage to person or property, or any costs or expenses, howsoever caused, arising out of or in connection with my taking part in this activity, notwithstanding that the same may have been contributed or occasioned by the breach of duty or negligence of the NWXCSC and its officers, agents, organizers, leaders and members. I understand that by signing this document I am affecting the legal rights of myself, my heirs, executors and assigns.

I have read and fully understand the above and voluntarily agree to its terms.

Adult Applicant(s)

Release and Waiver and Acknowledgements

As an applicant for membership I have read and understand the above. 1. \_\_\_\_\_

2. \_\_\_\_\_ Must be signed by all applicants Date: \_\_\_\_\_

Minor Applicant(s)

Release and Indemnification and Acknowledgments

As a parent or guardian of an applicant under the legal age of 19, I have read and understand the above and accept the terms and conditions on the applicant's behalf.

Signed by: Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_