



MEMBERSHIP FORM

MERIDEN SKI CLUB, INC
P.O. BOX 892
MERIDEN, CONNECTICUT 06450-0892

<http://www.MeridenSki.com>
Membership@MeridenSki.com

Member of Connecticut Ski Council

Members must be 18 years of age or older, but children can participate under parents membership free of charge.

MEMBERSHIP FEE: (Per Person) \$35.00

Make check payable to: **Meriden Ski Club, Inc.**

**Mail to: * P.O. Box 892
Meriden, CT 06450-0892
Attention: 2nd VP**

***Please include a self addressed stamped envelope**

PLEASE PRINT LEGIBLY

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-Mail Address: _____

Cell Phone: _____

Newsletters are distributed electronically only – please fill in email address above

List names of children between ages 3 and 17 below:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

RELEASE OF LIABILITY

I _____, do hereby release and hold harmless and indemnify the officers, chairmen, or trip leaders from any and all claims, actions, or damages without limitation whatsoever, whether consisting of personal injury or property damage, that does or may result in any way from my participation in any club activity.

I, as a member of the Meriden Ski Club, completely understand that this paragraph constitutes a covenant and a promise on my part to fully discharge all of the above named parties from any and all liability of any kind for any injuries, loss, damage, or death which may result from my participation in any club function.

This release is binding, and I so understand, not only upon myself but upon my heirs, administrators, executors, and assigns, and I herewith again reaffirm my free and will intent to exercise it, acknowledging a complete understanding of its terms and conditions and the totalness of the waiver of any rights that I would otherwise have had, had this agreement not been executed.

Date _____ / _____ / _____
Month Day Year

Member's Signature _____

m-sc-app

Parent or Guardian (If a Minor) _____