

**KAMSACK SKI CLUB MEMBERSHIP FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TOWN/CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**FAMILY MEMBERS (PLEASE PRINT) SIGNATURE (PARENT PRIMARY  
(ENTER ABOVE NAME FIRST) OR GUARDIAN FOR MINORS) INTEREST**

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

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

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**INTEREST: A-ALPINE, N – NORDIC**

**FEE STRUCTURE: SINGLE \$15., FAMILY UP TO 4 MEMBERS \$30., EXTRA FAMILY \$5 EACH  
(\$10 PER MEMBER IS SENT TO SASKI FOR PROGRAM INFO AND INSURANCE)**

**TOTAL MEMBERSHIP FEE:**

**PLEASE MAKE CHEQUE PAYABLE TO KAMSACK SKI CLUB** \_\_\_\_\_

THIS CONSENT AGREEMENT COVERS ALL PERSONS LISTED ON THE MEMBERSHIP APPLICATION FORM. EACH PERSON 18 YEARS OR OLDER MUST SIGN IN THE SPACE PROVIDED BELOW, AND A PARENT/ GUARDIAN MUST SIGN OPPOSITE THE NAMES OF MEMBERS LESS THAN 18 YEARS OF AGE IN THE SPACE OPPOSITE SUCH PERSON'S NAME IN ROWS 1 TO 4.

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS OF CROSS COUNTRY CANADA (CCC), CROSS COUNTRY SASKATCHEWAN ASSOCIATION INC./SASKATCHEWAN SKI ASSOCIATION (CCS/SASKI), ALPINE CANADA ALPIN (ACA), CANADIAN SKI ASSOCIATION (CSA), AND THE KAMSACK SKI CLUB, AND TO PARTICIPATE IN THE EVENTS, ACTIVITIES AND PROGRAMS SANCTIONED BY CCC, CCS/SASKI, ACA, CSA AND THE KAMSACK SKI CLUB IN ACCORDANCE WITH THE ASSOCIATIONS' RULES, REGULATIONS AND BY-LAWS.

I AM AWARE THAT SKIING/SNOWBOARDING INVOLVES CERTAIN DANGERS AND RISKS, INCLUDING, BUT NOT LIMITED TO COLLISION AND FALLING AT HIGH SPEED AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH DANGERS AND RISKS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM. IN CONSIDERATION OF CCC, CCS/SASKI, ACA, CSA AND THE KAMSACK SKI CLUB ACCEPTANCE OF ME AS A REGISTERED MEMBER OF THE ASSOCIATION (OR A PARENT OF A PARTICIPANT UNDER THE LEGAL AGE OF 18 YEARS) AND MY BEING PERMITTED TO TAKE PART IN THE ASSOCIATIONS' ACTIVITIES AND PROGRAMS, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, FOREVER RELEASE, DISCHARGE, HOLD HARMLESS CCC, CCS/SASKI, ACA, CSA AND THE KAMSACK SKI CLUB, THEIR DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES OR AGENTS.

**CONSENT AGREEMENT**

**DATE:** \_\_\_\_\_

**1st SIGNATURE (OF APPLICANT 18 YEARS OR OLDER)** \_\_\_\_\_

**2nd SIGNATURE (OF APPLICANT 18 YEARS OR OLDER)** \_\_\_\_\_

**ADDITIONAL SIGNATURES** \_\_\_\_\_

**PRIVACY STATEMENT: THE KAMSACK SKI CLUB USES YOUR PERSONAL INFORMATION ONLY FOR KAMSACK SKI CLUB PURPOSES, SUCH AS COMMUNICATING WITH YOU ABOUT EVENTS. YOUR PERSONAL INFORMATION WILL BE DISCLOSED ONLY TO THOSE PARTIES, eg. SASKI THAT FACILITATE THE PROVISION OF KAMSACK SKI CLUB TRIPS, PROGRAMS AND SERVICES.**

