

**ANSA Membership Application Form
2019-2020 Season**

Primary member:

Last name: _____ First name: _____
Street address 1: _____
Street address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

Family members:

Last name, First Name: _____ Age: _____
Last name, First Name: _____ Age: _____
Last name, First Name: _____ Age: _____
Last name, First Name: _____ Age: _____
Last name, First Name: _____ Age: _____
Last name, First Name: _____ Age: _____

Payment:

Individual membership before 12/15: \$45
Individual membership after 12/15: \$50
Family membership before 12/15: \$80
Family membership after 12/15: \$90

Contribution for club projects (deductible): \$ _____
Total: \$ _____

Make checks payable to *Auburn Nordic Ski Association* and send them to:
Auburn Nordic Ski Association
PO Box 1062
Auburn, ME 04211-1062

**I have read and agree to the liability waiver below, mandated by our insurer.
(REQUIRED)**

I would like to volunteer to help:

- Grooming
- Bill Koch
- Staffing at events
- Other: _____

Signature: _____ **Date:** _____

**ANSA Liability Waiver
Auburn Nordic Ski Association
2019-2020**

Our liability insurer mandates that all club members sign a liability waiver. Each adult (persons 18 or older) must individually sign this form. Parents must sign on behalf of children under 18.

1. Identification of risk. I acknowledge that all winter sports including Nordic skiing and snowshoeing, as well as club related activities like trail maintenance, are associated with inherent risks related to factors including but not limited to individual ability and behavior, weather, terrain, equipment, conditions, structures, and other participants. These risks include serious injury, permanent disability, death, and other losses.
2. Assumption of risk. I agree that I am responsible for my safety while participating in activities related to ANSA or using its facilities, and I assume all risk related to any injury or loss connected to my participation.
3. Waiver of liability. Aware of the risks and willing to assume responsibility, I hereby release and agree to hold harmless ANSA, its officers, agents and members, affiliates, volunteers, event organizers, sponsors, owners and maintainers of property and trails used by me or my guests from loss, injury, or death to myself or to any other person, or other damage to person or property resulting from my participation in any activities sponsored by ANSA or on ANSA facilities. This release is a waiver of any claim, whether based on negligence, breach of warranty, contract or other legal theory, against any of the Released Parties above, accepting the full responsibility for any such loss, damage, injury, or death. I intend for this release to apply also to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns. This waiver does not release acts of gross negligence or willful and wanton misconduct of any party.
4. Signer's responsibility. I agree to familiarize myself with the facility, trail rules and etiquette, and ANSA policies and rules as published at <https://auburnnordicski.org>.

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Child's Name: _____ Date: _____

Signature: _____ Child's Name: _____ Date: _____

Signature: _____ Child's Name: _____ Date: _____

Signature: _____ Child's Name: _____ Date: _____

Signature: _____ Child's Name: _____ Date: _____