

2007-08 Waiver

I certify that I am at least 21 years of age and do hereby accept the policies and practices of the Gelandesprung Ski Club. I understand that my participation in club-sponsored events carries a degree of risk of injury or death. I hereby unconditionally waive and release the Gelandesprung Ski Club, its officers, directors, agents and members from any and all liabilities arising from any injuries, property damage or loss I may suffer as a result of my actions. Further, I hereby grant full permission to any and all foregoing to use any photograph, video tape, motion pictures, recordings or other record of any ski club event for any legitimate purpose. Any additional trip surcharges incurred by the Club will be passed along to those participating on the affected trip(s). Trips are based on double occupancy. Single occupancy requests require special arrangements at increased costs, and depend on availability. All monies paid for a trip cancelled by the Club will be refunded. Refunds for cancellation requests will be charged any costs that the Club is unable to recover. Refund requests must be submitted in writing to the Gelandesprung Ski Club Board of Directors at Gelandesprung Ski Club, PO Box 10422, Green Bay, WI, 54307-0422. Written requests must indicate which specific future Gelandesprung event any refund is to be credited towards, or a request for the Gelandesprung Treasurer to issue a refund check. Refunds will only be issued after all of the bills related to the trip have been paid. Trips utilizing airline transportation have additional separate written cancellation policies specific to each trip. All decisions on refund amounts

will be made by the Board of Directors and are final.

By submitting this form, I agree that I have read and accept the trip policies as set forth by Gelandesprung Ski Club.

Print Name: _____

(Legal Name as required for Flights & International Travel)

Signature: _____

Signature Date: _____

GELANDESPRUNG
SKI CLUB MEMBERSHIP FORM
2007-08

RENEWAL **NEW MEMBER**
Single \$ 30.00, Married Couple \$ 50.00
(Couples please Sign Separate Forms)

Payment: \$ _____

Check : # _____

New Address/Info

Address: _____

Phone (Home): _____

Email: _____

Birthday Month/Day/Year:

____/____/____ (Year of birth is
required for club use only and will not be published)

Please indicate if it is "**OK**" to publish the following in the Membership Roster:

Phone number. **Yes** **No**

Email address **Yes** **No**

Would you like to receive a link to the monthly newsletter loaded on our website via e-mail?

Yes **No**

Please indicate if you're interested in becoming any or all of the following:

- Trip Leader**
 Committee Member
 Board Member

NEW MEMBERS: How did you hear about the club? Who referred you?

Emergency Contact Information

Name: _____

Phone #: _____

Membership Period
12/1/2007 to 11/30/2008

Please mail the completed form and dues to:

Gelandesprung Ski Club
P.O. Box 10422
Green Bay, WI 54307-0422