

Membership Application...

Name: _____ Spouse: _____

Name(s) and age(s) of children: _____

Address Information: _____

Street: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Single Membership: \$25.00____ Family Membership: \$40.00 _

Cash: _____ Check #: _____

Make Checks Payable To: Space Coast Ski Club
Post Office Box 034107
Indialantic, FL 32903

RELEASE AND HOLD HARMLESS AGREEMENT

I, and all members of my family, hereby acknowledge that hazards are inherent in the sport of skiing and hereby assume all risks of injury or damage incidental to such activity. In consideration of the mutual benefits derived from the joint participation by membership in the SPACE COAST SKI CLUB, INC., in skiing and other related activities, I and my family hereby jointly and severally absolve, release and waive any and all liability, claims or demands against the SPACE COAST SKI CLUB, INC., and its officers, directors, and each and every member thereof which may arise out of or be related to any injury, damage or pecuniary loss by reason of such club membership or activity or of participation in said organization.

I HAVE READ AND AGREE WITH THE RELEASE AND HOLD HARMLESS AGREEMENT ABOVE.

All members over eighteen years of age please sign.

Signatures: _____

Date: _____

The volunteers who assist the Directors and Officers in planning and executing various functions make the activities of this club possible. PLEASE CHECK ALL THE AREAS IN WHICH YOU WOULD LIKE TO HELP.

Membership____ Brochure____ Newsletter____ Social Events____ Extravaganza____