



## Probusski Legends Membership Application 2024 – 2025 Ski Season

A Probusski Legends Member is entitled to the activities identified at [www.probusskilegends.ca](http://www.probusskilegends.ca) as updated from time to time

<b>Name:</b>	<b>Last</b>	<b>First</b>	<b>Probusski Club</b>
<b>Address</b>	<b>Street, Including unit number, City/Town, Postal Code</b>		
<b>Contact Details:</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Email</b>

This Application must be filled out in total and emailed to [skilegendsmembership@gmail.com](mailto:skilegendsmembership@gmail.com). Upon acceptance, an email will be sent to the applicant with instructions for the deposit of the annual \$50 membership fee via INTERACT e-TRANSFER

<p><b>RELEASE OF LIABILITY AGREEMENT, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT</b>          BY SIGNING THIS DOCUMENT YOU WILL WAIVE          CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE  <b>PLEASE READ CAREFULLY!</b></p>	<table border="1"> <tr> <td style="text-align: center;">Initial</td> </tr> </table>	Initial
Initial		

I AM AWARE OF AND UNDERSTAND THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH SKIING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY OR DEATH RESULTING THEREFROM. I ALSO ACCEPT RESPONSIBILITY FOR ANY PERSONAL OR PROPERTY DAMAGE CAUSED BY MY PARTICIPATING IN SKIING.

Notwithstanding the acknowledgement of such risks, I hereby release the Probusski Legends, its contractors, trip leaders, employees, volunteers, agents, and executors from all claims for damage whatsoever arising as a result of my participation in this or any other activity conducted by the group and I agree that this waiver shall be effective and binding upon my heirs, next of kin, administrators, assigns and representatives in the event of my death or incapacity. I affirm that I am aware of the nature of the activity, its approximate length, duration, and degree of difficulty and that I am properly equipped and mentally and physically able to participate. I have no medical or other condition, which might preclude my participation. I agree to pay the costs of any emergency evacuation of my person or other belongings that may be necessary through my participation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Emergency Contact		
<b>Name:</b>	<b>Last</b>	<b>First</b>
<b>Contact Details:</b>	<b>Home Phone</b>	<b>Cell Phone</b>