

Kootenai Cross Country Ski Club, INC

402 Montana Avenue, Libby, MT 59923

Membership / Trail Pass, Ski Lessons and Rental - Waiver Form

PLEASE PRINT

Volunteer! I am interested in helping with.....

- | | | |
|---------------------------------------|-----------------------------------|-----------------|
| _____ Fundraising / Grant writing | _____ Coaching (youth to 90+) | _____ Grooming |
| _____ Communications / Press Releases | _____ Social Activities | _____ Race Days |
| _____ Trail maintenance | _____ Become Active Club members. | |

Enter all the individuals included in this supporter contribution. For Families, please list all adults and children.

Adult (s) Name **email address**

1. _____

2. _____

Child's (Children's) Name and age:

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

Address: _____

Preferred Phone #: _____ Text? Yes No

Lessons for children ages 7 and up ** Memberships include trail passes***

Funds help with grooming/maintenance

Kootenai Cross Country Ski Club, Inc / Federal ID # 81-0425606 Non-Profit Tax Classification 509 (A) (2)

Tuesday Lessons	
First child	\$85
Additional children	\$65

Monday - Thursday	
Includes Transportation	
Race Team	\$300

Memberships/Trail Pass		
Family	\$100	Individual \$50
Under 10 and over 70		\$0
Additional Donation	\$ _____	

Equipment rental only \$75 per person with a \$20 refundable deposit.

I agree if any of the ski equipment is damaged/broken or not returned I will be responsible to replace it at the following rates: *Skis \$150, Poles \$50, Boots \$60.*

Person renting / Guardian Signature: _____ **Date:** _____

Ski _____ **Boot** _____ **Poles** _____

Total Lessons \$ _____ **Total Race Team** \$ _____

Total Membership \$ _____ **Total Rental** \$ _____

Cash _____

Check # _____

Kootenai Cross Country Ski Club, Inc
Lessons, Trail Pass / Membership and Rental Waiver Form

Important!! Your signature is required on a liability release form mandated by our insurance carrier.

Along with your annual support for the Kootenai Cross Country Ski Club, all members must sign this Liability Release Form. **Each adult must individually sign this form.** If there are children included in your membership, **you must also sign the form on behalf of each child (minor) under 18.** If your child is 18 and is part of your family membership, then he/she must personally sign the release.

Event/s: Any activity of the Kootenai Cross Country Ski Club and any use of the club maintained trails at South Flower, Cabinet View Golf Course, Bear Creek Ski Course and the trails to Flatiron.

THIS IS A LIABILITY RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING.

I acknowledge that an individual who engages in the sport of skiing accepts and assumes the inherent risks of skiing insofar as they are reasonably obvious, expected or necessary. Inherent risks of skiing include but are not limited to those dangers and conditions that are an integral part of the sport, such as changing weather conditions, variations or steepness in terrain, snow or ice conditions, surface or subsurface conditions, bare spots, creeks and gullies, forest growth, rocks, stumps structures, collisions with other skiers and the skier's failure to ski within their own ability. I am aware that skiing / biathlon and related activities are potentially hazardous activities that include certain risks and dangers. I have made a voluntary choice to participate in these activities despite the risks that they represent. In consideration of my being permitted to participate in the club activities named about, I agree to **ASSUME ANY AND ALL RISKS OF INJURY OR DEATH**, which might be associate with or result from my participation in these events.

Adult #1 Initial Here: _____

Adult #2 Initial Here: _____

I also agree to **RELEASE FROM LIABILITY** and to **INDEMNIFY AND HOLD HARMLESS** the organizers and sponsors of the skiing event/s, the Kootenai Cross Country Ski Club and their board members, officers and coaches, landowners, affiliated companies and volunteers for any damage, injury or death to myself or to any person or property from any activities connected with my participation in these events.

Adult #1 Initial Here: _____

Adult #2 Initial Here: _____

Medical Authorization. In the event of an injury to myself or my child(s) during Cross Country Skiing, I give my permission to KCCSC and its coaches, or representatives/agents of KCCSC to arrange for all necessary medical treatment for which I shall be financially responsible.

Adult #1 Initial Here: _____

Adult #2 Initial Here: _____

I, the undersigned, have carefully read and understand this agreement and all of its terms. I understand that this is a **RELEASE OF LIABILITY** which will **LEGALLY PREVENT** me or any other person from filing suit or making any other legal claim (including any claim based on negligence) for damages in the event of my death or any injury to me. I nevertheless enter this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives.

Adult #1 Initial Here: _____

Adult #2 Initial Here: _____

Signatures:

Adult member #1 Initial Signature: _____ Date: _____

Adult member #2 Initial Signature: _____ Date: _____

If I am **SIGNING ON BEHALF OF A MINOR** (under 18), I accept full responsibility for all medical expenses incurred because of the minor's participation in the Kootenai Cross Country Ski Club practices and sponsored events. I also agree to **RELEASE, HOLD HARMLESS AND INDEMNIFY** the Kootenai Cross Country Ski Club for any claims brought by the minor.

List Children/minors by initials here: _____

Guardian Signature (for minors listed above): _____ Date: _____.