



Probusski Legends Membership Application 2026 – 2027 Ski Season

A Probusski Legends Member is entitled to the activities identified at www.probuskilegends.ca as updated from time to time

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

This Application must be filled out in total and emailed to 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>RELEASE OF LIABILITY AGREEMENT, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE PLEASE READ CAREFULLY!</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 PARTICIPATION IN SKIING.

Notwithstanding the acknowledgement of such risks, I hereby release the Probusski Legends, its contractors, trip leaders, employees, volunteers, agents, and executives 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		
Name:	Last	First
Contact Details:	Home Phone	Cell Phone