



Gelandesprung Ski Club of Green Bay

2017/18 Membership Application/Renewal and Waiver Form

Membership Year Runs May 1, 2017 to April 30, 2018

- RENEWAL
- NEW MEMBER
- WAIVER ONLY

\$25.00
per person

Please "DO NOT" publish the following in the Membership Roster:

- Phone number
- Email address

Payment \$ _____ Check # _____

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?

(The person who referred you will receive a \$10 gelande'bucks certificate with approval from the board.)

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, videotape, 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 unless otherwise specified. 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 costs that the Club is unable to recover. Refund requests must be submitted in writing to the Gelandesprung Ski Club Board of Directors at address listed below or emailed to treasurer@gelandesprung.org. 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 & accepted the trip policies as set forth by Gelandesprung Ski Club. All [club policies](#) are posted on the website at www.Gelandesprung.org or by contacting us by mail at the address below.

Print Name: _____

(Full Proper Name as required for Flights & International Travel)

Preferred/Nick-Name: _____

Birth Date: _____

(Year of birth is required / Club use only & will not be published)

Address: _____

Phone *(Cell preferred)*: _____

Email: _____

(Personal email preferred)

Signature: _____

(Couples please Sign Separate Forms)

Signature Date: _____

Emergency Contact Information

(Someone you don't ski with)

Primary Name: _____

Phone #: _____

Alternate Name: _____

Phone #: _____

Please mail the completed form & dues to:

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