



Nordic Ski Club of Fairbanks

2003-2004 Membership Application and Trails Fund Donation Form

Mail with payment to: *Nordic Ski Club of Fairbanks, PO Box 80111, Fairbanks, AK 99708-0111.*

PLEASE PRINT LEGIBLY

Last Name / Membership Name		First Name or "Family"	Middle Init.
Mailing Address			
City and State		Zip Code	
Area Code	Day Phone	Home Phone	Fax
E-Mail Address:			

Check One **Trail Donation Only** **Membership Renewal:** **First-Time Member:**

Type of Membership (Check Only One Type)

Family (\$45)
 Individual (\$25)
 Student (\$10)
 Individual Life Membership (\$400)
 Family Life Membership New in 2003 (\$750) *Kids Included until 18 yrs old*

PLEASE NOTE: Membership Year Runs from September 1 through August 31

sex	DATE OF BIRTH m m / d d / y y	LIST ALL FAMILY MEMBERS HERE (Including the name listed above)	
		Last Name	First Name
M F	/ /		
M F	/ /		
M F	/ /		
M F	/ /		
M F	/ /		

Nordic Ski Club of Fairbanks Trail Grooming Fund

The Nordic Ski Club of Fairbanks raises funds to pay the costs of year-round trail maintenance at both the Jim Whisenant Ski Trails at Birch Hill Recreation Area, and at the UAF West Ridge Ski Trails. Your donation will make it possible to continue to provide the high quality trail grooming to which we have all become accustomed. You may specify that your donation go to one trail system or the other, designate a portion to each trail system, or leave your donation undesignated. Trail donations are tax deductible. (Membership dues are not tax deductible.)

We suggest these amounts: Heavy Use: \$125/year Regular Use: \$50/year Occasional Use: \$25/year

For the Jim Whisenant Ski Trails at Birch Hill: \$

For the UAF West Ridge Ski Trails: \$

Undesignated Trail Donation – The club may use it as it sees fit: \$

Total Trail Fund Donation: \$

Membership Fee (Life-\$400) (Family Life-\$750) (Family-\$45) (Individual-\$25) (Student-\$10) \$

Total payment—Membership Fee + Trail Fund Donation \$

Please make your check payable to Nordic Ski Club of Fairbanks OR

Charge it on your VISA/Mastercard (circle one) Card Number _____ Exp. Date _____

Name as it appears on card _____ Signature _____

Remember to sign the waiver on the back side!!!!

PO Box 80111, Fairbanks, AK 99708-0111 – phone 907-474-4242 – e-mail: nordic@ptialaska.net URL: www.nscfairbanks.net

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND RELEASE

(General Membership)

In consideration for the opportunity to participate in Nordic Ski Club of Fairbanks activities, and for the services provided by the Nordic Ski Club of Fairbanks, its officers, directors, employees, contractors, volunteers, coaches, instructors, sponsors, tour guides, event organizers and officials, members, agents and the Fairbanks Northstar Borough (collectively and individually "NSCF"), I acknowledge, agree and covenant as follows:

I understand that cross-country skiing is an action sport carrying **SIGNIFICANT RISK OF PERSONAL INJURY**. I understand further that there are natural and man-made obstacles and hazards, surface and environmental conditions and risks which in combination with my actions and the actions or omissions of others can cause **PROPERTY DAMAGE AND SEVERE OR FATAL INJURIES** to me and others. I agree that I must take an active role in understanding and accepting these risks, conditions, and hazards which include, but are not limited to the following: defects in equipment and facilities, operation of equipment, weather conditions, acts of other participants, my own physical condition and skiing abilities, conditions of trails or terrain, first aid or emergency treatment, and consumption of food or drink. I accept all these risks and agree that I alone am responsible for my safety while (1) participating in all NSCF activities, including racing, tours, and ski clinics and ski schools, or (2) benefiting from all NSCF services such as skiing on trails groomed by NSCF.

I agree and promise **TO WAIVE, RELEASE and DISCHARGE**, in advance, NSCF from all liability, claims, causes of action, whether known or unknown, which may arise as a result of my participation in NSCF activities or benefiting from NSCF services, including any negligence or fault on the part of NSCF. I further agree and promise **TO HOLD HARMLESS and INDEMNIFY** NSCF from all defense costs, including attorneys fees, or any other costs in connection with any claims for injury, death or property damage resulting in any way from participation in NSCF activities or benefiting from NSCF services. **I UNDERSTAND THAT THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND RELEASE SHALL BE BINDING ON MY HEIRS, ASSIGNS AND ESTATE AND THAT BY SIGNING THIS DOCUMENT, WHICH I HAVE CAREFULLY READ, I HAVE GIVEN UP CERTAIN LEGAL RIGHTS WHICH I MIGHT OTHERWISE MAINTAIN.**

DATE:

Signature(s)

Signature member 1	Signature member 2	Signature member 3	Signature member 4
Printed Name #1	Printed Name #2	Printed Name #3	Printed Name #4
Parent Signature (for minor)	Parent Signature (for minor)	Parent Signature (for minor)	Parent Signature (for minor)
Parent Printed Name	Parent Printed Name	Parent Printed Name	Parent Printed Name

Parent or legal guardian must sign for those under 18.
Each adult under a family membership (such as a spouse) must sign.