

City/State/Zip:

(MM/DD/YY - Club use only & will not be published)

Gelandesprung Ski Club of Green Bay

2021/22 Membership Application/Renewal & Waiver Form

Membership Year runs May 1, 2021 to April 30, 2022 rev 2021-04-24 **NEW MEMBER** Please "DO NOT" publish the follwing in the Membership Roster: \$25.00 RETURNING MEMBER Phone Number **Email Address** per Person RENEWAL WAIVER ONLY **NEW MEMBERS:** Payment \$ _____.00 Check # How did you hear about Gelandesprung Ski Club? Who referred you? Please indicate if you are interested in becoming any or all of the following: Trip Leader / Assistant Trip Leader Committee Member (The person who referrers a New Member will receive a \$10 Gelande'bucks Certificate with approval from the Board) Board Member I certify that I am at least 21 years of age and do hereby Any additional trip surcharges incurred by the Club will accept the policies and practices of the Gelandesprung be passed along to those participating on the affected Ski Club. I understand that my participation in clubtrip(s). Trips are based on double occupancy unless sponsored events carries a degree of risk, injury, or otherwise specified. Single occupancy requests require death. special arrangements at increased costs and depend on availability. All monies paid for a trip cancelled by the I hereby unconditionally waive and release the Club will be refunded. Refunds for cancellation requests Gelandesprung Ski Club, its officers, directors, agents, will be charged costs that the Club is unable to recover. members, and other trip or activity participants from any Refund requests must be submitted in writing to the and all liabilities arising from any injuries, illness, Gelandesprung Ski Club, Board of Directors at address property damage or loss I may suffer as a result of below or emailed to Treasurer@Gelandesprung.org. participation in club events. I am fully aware of the Trips utilizing airline transportation have additional Coronavirus Disease (COVID-19). By agreeing to separate written cancellation policies specific to each participate in club activities, I have evaluated such risks, trip. All decisions on refund amounts will be made by the and I hereby hold harmless the club officers, directors, Board of Directors and are final. agents, and members. By submitting this form, I agree that I have read & I also grant full permission to any and all foregoing to accepted the trip policies as set forth by Gelandesprung use any photograph, videotape, motion pictures, Ski Club of Green Bay. All club policies are posted on recordings, or other record of any ski club event for any the website at www.Gelandesprung.org or by contacting legitimate purpose. us by mail at the address below. Form can be filled out in Adobe Reader & Printed as phone numbers & addresses can be difficult to read Cell Phone: Print Name: (Full Proper Name as required for Flights & International Travel) Email: Preferred/Nick-Name: Address/Cell Phone/Email has not changed since last year Signature: Address: Date:

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

Please mail the completed form & dues to:

(Couples please Sign Separate Forms)