

Please print a hardcopy and mail to:

SAVANNAH SKI & ADVENTURE CLUB, INC.

P.O. Box 30221 Savannah, GA 31410

MEMBERSHIP APPLICATION 2008-09

Membership Year - September 1, 2008—August 31, 2009

NEW MEMBER

RENEWAL

PLEASE PRINT

SINGLE -- \$30

FAMILY -- \$45

NAME(S):

ADDRESS:

CITY:

STATE:

ZIP:

HM PHONE:

ALT PHONE:

EMAIL:

CHILDREN, NAME(S) & AGE(S) - 21 years of age or less:

YOU MUST BE 18 YEARS OLD OR OLDER TO APPLY

LIMITATION OR LIABILITY/RELEASE AND HOLD HARMLESS

In consideration of the mutual benefits derived from the joint participation by membership in the Savannah Ski & Adventure Club, Inc., in skiing and all other activities, the undersigned does hereby assume all risks and absolves, releases, and waives any and all liability, claims, or demands against the Savannah Ski & Adventure Club, Inc. its officers, directors, and each and every member thereof which may arise out of or be related to any injury, damage, or pecuniary loss by reason of such membership or activity of or participation in said organization by the member(s) or minor child(ren), year round.

The undersigned acknowledges that the Savannah Ski & Adventure Club, Inc. reserves the right to cancel at any time the referenced activity/trip due to events beyond the control of the club such as lack of minimum participation, weather conditions, airline or transportation strikes, slowdowns, etc.

The undersigned acknowledges that the Savannah Ski & Adventure Club, Inc. will make every reasonable effort to match members as roommates, etc. according to the preferences and requests of the member. However, the Savannah Ski & Adventure Club, Inc. reserves the right to make seating, rooming, and lodging assignments depending upon space availability and member participation.

By signing this document, I certify that the information herein provided is true to the best of my knowledge. Further I understand and acknowledge that this agreement is binding on all parties listed herein and that I am legally empowered to sign for all.

Print Names of those covered by the membership: _____

Member Signature/Date: _____ / ____ / ____

