



**Kaslo Nordic Ski Club (KORTS) Fall 2022 – Spring 2023
MEMBERSHIP APPLICATION**

Membership Type Adult \$50 _____ Child (under 18) \$30 _____ #of children X \$30 = _____

Name(s): _____ Address: _____

Phone #: _____ Email: _____

Fees: Membership _____ dues (see above): _____

Additional donation to support club: _____

Donations to support Youth inclusion in Nordic Ski Program _____

Total _____

The amount is payable by Direct deposit to KSCU 1091347 Summit or E transfer to kortsbc@gmail.com or by cheque **Please make a cheque payable to "KORTS"** or cash

You can drop cheques or cash off at Kaslo Kayaking & Adventure Centre in downtown Kaslo or mail them to PO Box 1024, Kaslo, BC V0G 1M0. Before you pay please read and sign the following release of liability, waiver of all possible claims, and assumption of risk described below

RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK To:

Kaslo Nordic Ski Club and Kaslo Outdoor Recreation and Trails Society

I waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue Kaslo Outdoor Recreation and Trails Society and their affiliates, officers, employees, instructors, leaders (volunteer or other), agents or representatives (collectively the "Released Parties") for any personal injury, death and property damages, expenses or loss sustained by me as a result of my participation in the above activities due to any cause whatsoever, including, without limitation, negligence, breach of statutory duty including duties arising from occupier's liability legislation, on the part of the Released Parties but is not intended to affect any rights I have under Provincial Worker's Compensation legislation.

I am aware that there are serious dangers and risks inherent in winter recreation, and travel to and in including but not limited to the following: MOUNTAIN TERRAIN, ROCKFALL, WEATHER, THE RELEASED PARTIES, AND OTHER PARTICIPANTS, and EQUIPMENT FAILURE. I accept all the inherent risks of the above activity and the possibility of personal injury, death, property damage, or loss resulting therefrom. I agree that I will be fully responsible for all costs and expenses which may be incurred in providing any special services to myself, outside of regular services agreed to or provided by the Released Parties in connection with the activities.

Warning: By Signing This You Are Waiving Your Legal Rights and You Give Up the Right to Sue I have read and understood this agreement prior to signing it and agree that this agreement will be binding upon me (as guardians), my heirs, next of kin, executors, administrators, and successors.

SIGNED THIS _____ DAY OF _____, 20____

Name (Please print): _____

Signature: _____