



NORTH ISLAND Snowdrifters

OF SAN DIEGO, CA

2024-2025
(year runs 6/1/24 - 5/31/25)
Membership Application Form

Place * next to information you don't want published in the Membership Directory.

First & Last Name (Nickname)		Sex	Birthdate	Season Pass?
Home Phone	Cell Phone		E-mail Address	
Mailing Address			City	State
			Zip Code	
Emergency Contact Name & Relationship (Parent, Child, Spouse, etc.)			Emergency Contact Phone	How did you hear about us?

Select items of interest that you would be inclined to participate in. Enter **V** in activity box.

<p>Volunteer</p> <p>Board <input type="checkbox"/></p> <p>Trip Leader <input type="checkbox"/></p> <p>Condo Ldr <input type="checkbox"/></p> <p>General helper <input type="checkbox"/></p>	<p>Leisure</p> <p>Travel <input type="checkbox"/></p> <p>Dining <input type="checkbox"/></p> <p>Theater <input type="checkbox"/></p> <p>Movies <input type="checkbox"/></p> <p>Cooking <input type="checkbox"/></p> <p>Wine Tasting <input type="checkbox"/></p> <p>Table Games <input type="checkbox"/></p>	<p>Active Sports</p> <p>Down Hill Ski <input type="checkbox"/></p> <p>CrossCountry Ski <input type="checkbox"/></p> <p>Snowboard <input type="checkbox"/></p> <p>Alpine Racing <input type="checkbox"/></p> <p>Cycling <input type="checkbox"/></p> <p>Hiking <input type="checkbox"/></p> <p>Camping <input type="checkbox"/></p>
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Member Dues: \$50
Mail Completed Form In**

To pay, either: (1) Include a Check payable to NISC when mailing in application form or (2) Pay via Paypal by scanning QR code (or click on QR code if viewing this form online)



WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING: In consideration of being allowed to participate in any way in the North Island Snowdrifters' programs, related events and activities, I (_____), the Undersigned, acknowledge, appreciate, & agree that: **1.** The risk of injury from the many of the activities is significant, including the potential for permanent paralysis & death, & while particular skills, rules, equipment, & personal discipline may reduce this risk, the risk of serious injury does exist; and, **2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others & assume full responsibility for my participation; and, **3.** I willingly agree to comply with the stated & customary terms & conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation & bring such to the attention of the nearest official immediately; and, **4.** I, for myself & on behalf of my heirs, assigns, personal representatives & next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the North Island Snowdrifters, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, & if applicable, owners and lessors of premises used to conduct the event ("**RELEASEES**"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, & SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant Signature _____

Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent & agree to his/her release as provided above of all the Releases, & for myself, my heirs, assigns, & next of kin, I release & agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law. I also consent to allow medical treatment in the event of an emergency.

(Parent/Guardian) _____

Date _____

****Make checks payable to NISC & mail to Jean McCassey, 10635 Esmeraldas Drive, San Diego CA 92124**