

2023-2024

(year runs 6/1/23 - 5/31/24) **Membership Application Form**

	OF SAN	Place * next to information you						
First & Last Name (Nickname)		Sex	Sex Birthday Season Pass? don			n't want published in the		
						Membe	rship Di	rectory.
Home Phone	Cell Phone		E-mail Addro	ess				
Mailing Address	-		City				State	Zip Code
Emergency Contact Name & Re	lationship (Parent, Child, Spo	ouse, e	tc.) Eme	rgency Contact	Phone	How dic	l you hear	about us?
Select items of interest that you would be inclined to participate in. Enter V in activity box. WAIVER AND RELEASE OF in the North Island Snowd Undersigned, acknowledg including the potential for may reduce this risk, the responsibility for my participation. If, however, myself from participation behalf of my heirs, assigns Island Snowdrifters, their advertisers, &, if applicable TO ANY AND ALL INJURY, FROM THE NEGLIGENCE OF RELEASE OF LIABILITY AN HAVE GIVEN UP SUBSTAN INDUCEMENT.	Dining Theater Movies Cooking Wine Tasting Table Games FLIABILITY READ BEFORE rifters' programs, related e, appreciate, & agree that permanent paralysis & de isk of serious injury does e n, EVEN IF ARISING FROM cipation; and, 3. I willingly I observe any unusual sig & bring such to the attent s, personal representative officers, officials, agents, a e, owners and lessors of p DISABILITY, DEATH, OR L DETTHE RELEASEES OR OTI D ASSUMPTION OF RISK A	Down Cross Snow Alpine Cyclin Hiking Camp SIGNIN events at: 1. The eath, & exist; a ragree nificant tion of s & ne and/or oremise OSS O HERWI	NG: In considerations of the risk of injury of the risk of injury of the rearest of kin, HE remployees, es used to comply of the rearest of kin, HE remployees, es used to comply of the risk of kin, HE remployees, es used to comployees, es used to compl	ies, I (ury from the n cular skills, rul DWINGLY AND E OF THE RELEA with the stated ring my preser official immed REBY RELEASE other particip onduct the ever TO PERSON O ullest extent per	er: (1) Individual Police to NIS pplication Paypal by a click on an anis form of the second of the s	clude a clude	vities is si & person & assum erms & co ion, I will , for myse RMLESS g agencie g agencie JNUERST), the ignificant, al discipline ICH RISKS, e full onditions for remove left & on the North les, sponsors, I RESPECT ARISING READ THIS
Participant Signature				Dat	:e:			
FOR PARTICIPANTS OF M parent/guardian with legar all the Releases, &, for my RELEASEES from any and a provided above, EVEN IF A also consent to allow med	I responsibility for this pa self, my heirs, assigns, & r all liabilities incident to my ARISING FROM THE NEGLI	rticipa next of y mino IGENC	nt, do conse kin, I releas r child's invo E OF THE RE	ent & agree to be & agree to in plyement or pa CLEASEES, to th	his/her ndemni irticipat	release fy and he tion in th	as provid old harml ese prog	ed above of less the rams as
(Parent/Guardian)				Dat	:e			

^{**}Make checks payable to <u>NISC</u> & mail to Jean McCasey, 10635 Esmeraldas Drive, San Diego CA 92124