PO Box 52301
Idaho Falls, ID 83405
www.ifskiclub.com

Idaho Falls Ski Club

Membership Application

Date:_____

1st Member Name: (Last name, first name, middle initial)

Member Number:

Adult/Junior? ☐

Email address:

2nd Member Name: (Last name, first name, middle initial)

Adult/Junior? ☐

Email address:

As a member of the Idaho Falls Ski Club, I hereby waive, covenant not to sue, and agree to hold harmless the Idaho Falls Ski Club and its members from any liability or damage to me or my property, and to any other person or property in connection with any outing or activity in which I might participate. I understand and hereby acknowledge that the sports of skiing, snow shoeing and snowboarding are each an inherently dangerous activity, and I hereby assume all risk in relation to such activity while participating on any outing or activity with the Idaho Falls Ski Club. I understand, and I am aware, that the Idaho Falls Ski Club trips are not led by professional guides. At the sole discretion of the trip or activity leader or coordinator, if my behavior is deemed to be dangerous to myself or others, I may be asked to leave the trip or activity, and I understand, and agree, that any cost incurred will be my sole responsibility and at my sole expense. This waiver, covenant not to sue, and agreement to hold harmless shall be binding upon my heirs and representatives.

1st Member Signature:_____ **Parent Sig:**_____
(If applicant is less than 18 years old)

2nd Member Signature:_____

Street Address:

City, State, Zip

Home Phone – – **Cell Phone** – –

	#	Total Costs
Adults ($25) Age 21 & up	☐	_____
Juniors ($15) Age 0-20	☐	_____
# Coupon Books to mail ($1 ea.)	☐	_____
Total:		

Check No. _____

Credit Card _____

Cash _____

Postage: Membership cards mailed for free! Please add $1 per coupon book to be mailed.

Please make check payable to IFSC

Store Ticket #_____

Sales Representative:_____

White –Merchant Yellow – IFSC Pink – Member Copy