

ABSF MEMBERSHIP FORM

JULY 1, 2016 THRU JUNE 30, 2017

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone (H) _____ (C) _____

E-Mail Address _____

How did you learn about ABSF _____

Membership Type Individual \$25.00 before Oct 31 \$20.00 Family \$40.00 before Oct 31 \$35.00	Visually Impaired Skier <input type="checkbox"/> Guide <input type="checkbox"/> Friend	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Emergency Contact Information

Name _____

Relation _____

Address _____

City _____

State _____ Zip Code _____

Phone (H) _____ (C) _____

Make check payable to ABSF and mail with completed forms to:

American Blind Skiing Foundation
Phil Skultety
609 Crandell Lane
Schaumburg, IL 60193

American Blind Skiing Foundation

WAIVER, RELEASE AND INDEMNITY FORM

The undersigned understands, acknowledges, confirms and agrees that participation by the undersigned in skiing and related activities with the American Blind Skiing Foundation (ABSF) is inherently dangerous and hazardous and can lead to bodily injury, including, without limitation, paralysis, broken bones, dismemberment, and death as well as a loss of and/or damage to property. Notwithstanding the provisions of the immediately preceding sentence, in consideration for the undersigned's participation in ABSF activities, the undersigned for himself or herself and for his or her heirs, executors, administrators, personal representatives, agents, successors, assigns and next of kin:

- i. agrees that participation in and /or observation of one or more of the activities shall be and is at the undersigned's sole risk, and the undersigned does hereby assume any and all such risk;
- ii. releases, indemnifies and agrees to and does hereby hold harmless ABSF, its officers and members, from and against any and all claims, damages, liability, injuries to person or property, and causes of action of whatever kind or nature in any manner related to, connected with, or arising from participation in and /or observation of one or more ABSF activity; and
- iii. waives and releases any and all liability and/or right to sue they may have against ABSF related to participation in and/or the observation of one or more ABSF activity.

By my signature, I understand the foregoing waiver and know I have given up substantial rights by signing it, and sign it voluntarily.

Name _____ Phone _____

Address _____

Signature _____ Date _____

Parent or Legal Guardian for participants under 18

You must send us an original signed copy of the Waiver.

Waivers have to be original to be legal. Therefore they cannot be copied, scanned, faxed or emailed.

Send to: American Blind Skiing Foundation
Phil Skultety
609 Crandell Lane
Schaumburg, IL 60193