

**ABSF MEMBERSHIP FORM**  
**JULY 1, 2017 THRU JUNE 30, 2018**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How did you learn about ABSF \_\_\_\_\_

<b>Membership Type</b> <input type="checkbox"/> Individual \$25.00 <b><i>before Oct 31 \$20.00</i></b> <input type="checkbox"/> Family \$40.00 <b><i>before Oct 31 \$35.00</i></b>	<input type="checkbox"/> 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