

2008/2009 Family Supporter Membership Application

Primary Contact	Alternative Contact
()	()
Home Phone	Alternative Phone
Home Phone	Alternative Phone
Address	Address
City, Prov. Postal Code	City, Prov. Postal Code
Email	Email

Other Family Members _____

Please check areas of interest in Volunteering:

Altius Board Member	_____	Phone Fan Out Committee	_____
Casino Organizer	_____	Fundraising Committee	_____
Newsletter	_____	Membership	_____
Social Events	_____	Competition Organizer	_____

Please read and complete the Waiver, Release and Indemnification, and Release of Information.

RELEASE AND WAIVER

In consideration of the Altius Nordic Ski Club accepting my entry into ANSC activities, the undersigned hereby for myself, my heirs, executors, administrators and assigns, release and forever discharge the Altius Nordic Ski Club, its servants, agents, sponsors, or employees from any and all claims, demands, damages, actions, or causes of action arising out of, or in consequence of any loss, injury, or damage to my person or property incurred while attending at or participating in the above named activities, notwithstanding any loss, injury, or damage which may arise by reason of the negligence of the Altius Nordic Ski Club, its servants, agents, sponsors, or employees. Without limiting the generality of the foregoing, I further release any and all recourses which I may now or hereinafter have resulting from any decisions of the Altius Nordic Ski Club.

Signature: _____ Date: _____

RELEASE OF INFORMATION

I _____ parent/guardian consent to the release of information including name, addresses, phone numbers, and images to Altius Nordic Ski Club members, coaches and administrators of the Ski Jumping Nordic Combined Development Group including its cooperating organizations: Nordic Combined Ski Canada, Ski Jumping Canada and Alberta Ski Jumping and Nordic Combined Association for purposes related to the ski jumping and Nordic combined program, and to Calgary Olympic Development Association for purposes related to facility use.

Signature: _____ Date: _____

For athlete memberships, the registration fee of \$1.00 will be invoiced. Please return completed forms to the wall file folder labeled "Chrissie Noble" located downstairs near the office in the Ski Jumping Staging Building or mail it to:

**Chrissie Noble
 Alberta Ski Jumping & Nordic Combined
 PO BOX 96022
 Calgary, Alberta T3H 0L3**

(Administrative Use) Paid: _____ Application recorded: _____