

Scarborough Cross Country Ski Club

Release and Waiver

In Consideration of the accepting my membership application, accepting my payment for a ski bus trip, and/or ski lessons I _____ hereby for myself, my heirs, executors, administrators and assigns release and forever discharge the Scarborough Cross Country Ski Club, its executive officers, directors, servants, agents or employees from any and all claims, demands, actions or causes of actions, arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in any component of the Scarborough Cross Country Ski Club program notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of the Scarborough Cross Country Ski Club, its executive officers, directors, servants, agents or employees. Without limiting the generality, of the foregoing, I further release any and all recourses, which I may now or hereafter have resulting from any decision of the Scarborough Cross Country Ski Club.

I have read the above waiver: _____ **Dated** _____
Signature of Participant

I have read the above waiver: _____ **Dated** _____
Signature of Parent or Guardian

I understand the above waiver: _____ **Dated** _____
Signature of Participant

I understand the above waiver: _____ **Dated** _____
Signature of Parent or Guardian

Note: If participant is under the age of 18, the indemnification below must be completed and signed by parent or guardian.

INDEMNIFICATION

In consideration of the Scarborough Cross Country Ski Club accepting my membership I _____ parent or guardian of _____ hereby agree to indemnify and save harmless the Scarborough Cross Country Ski Club, its executive officers, directors, servants, agents or employees from any and all claims or demands whatsoever which might be made against the said Scarborough Cross Country Ski Club out of or in consequence of the attendance or participation by the applicant: _____ in the Scarborough Cross Country Ski Club program.

Signature of Parent or Guardian

Dated: _____