

**ANSA Membership Application Form  
2022-2023 Season**

**Primary member:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Street address 1: \_\_\_\_\_  
Street address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Family members:**

Last name, First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name, First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name, First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name, First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name, First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name, First Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Payment:**

Individual membership before 12/20: \$45  
Individual membership after 12/20: \$50  
Family membership before 12/20: \$80  
Family membership after 12/20: \$90

Contribution for club projects (deductible): \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

Make checks payable to *Auburn Nordic Ski Association* and send them to:  
Auburn Nordic Ski Association  
PO Box 1062  
Auburn, ME 04211-1062

**I have read and agree to the liability waiver below, mandated by our insurer. (REQUIRED)**

**New Members: we'd love to hear how you learned about us:**

**I plan to:**  Ski  Snowshoe  Both

**I would like to volunteer to help:**

Grooming  
 Bill Koch  
 Staffing at events  
 Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ANSA Liability Waiver**  
**Auburn Nordic Ski Association**  
**2021-2022**

Our liability insurer mandates that all club members sign a liability waiver. Each adult (persons 18 or older) must individually sign this form. Parents must sign on behalf of children under 18.

1. Identification of risk. I acknowledge that all winter sports including Nordic skiing and snowshoeing, as well as club related activities like trail maintenance, are associated with inherent risks related to factors including but not limited to individual ability and behavior, weather, terrain, equipment, conditions, structures, and other participants. These risks include serious injury, permanent disability, death, and other losses.
2. Assumption of risk. I agree that I am responsible for my safety while participating in activities related to ANSA or using its facilities, and I assume all risk related to any injury or loss connected to my participation.
3. Waiver of liability. Aware of the risks and willing to assume responsibility, I hereby release and agree to hold harmless ANSA, its officers, agents and members, affiliates, volunteers, event organizers, sponsors, owners and maintainers of property and trails used by me or my guests from loss, injury, or death to myself or to any other person, or other damage to person or property resulting from my participation in any activities sponsored by ANSA or on ANSA facilities. This release is a waiver of any claim, whether based on negligence, breach of warranty, contract or other legal theory, against any of the Released Parties above, accepting the full responsibility for any such loss, damage, injury, or death. I intend for this release to apply also to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns. This waiver does not release acts of gross negligence or willful and wanton misconduct of any party.
4. Signer's responsibility. I agree to familiarize myself with the facility, trail rules and etiquette, and ANSA policies and rules as published at <https://auburnnordicski.org>.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_