



Lexington Ski & Sports Club
LEXINGTON SKI AND SPORTS CLUB/OVSC APPLICATION FOR MEMBERSHIP
Valid for Aug. 2017\_ to Aug. 2018\_\_\_\_\_

Membership is available to individuals 18 years of age or older. Children under 18 living in the same household as member are free. Co-applicants in the same household may use the same application. Annual dues are \$40 per person.

Please Print Clearly

Applicant's Name: \_\_\_\_\_
First Middle Initial Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Newsletters come via e-mail so please be sure to include this information)

( ) Check this box if you do not wish to have your contact information disclosed.

Emergency Medical Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_/\_\_\_\_\_

Second Phone Number: \_\_\_\_\_/\_\_\_\_\_

Returning Member: Yes ( ) No: ( )

Optional Information

Interests: Skiing ( ) Boarding ( ) X/C Skiing ( ) Hiking ( ) Travel ( ) Biking ( )
Other: \_\_\_\_\_

Co- Applicant's Name: \_\_\_\_\_
First Middle Initial Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Newsletters come via e-mail so please be sure to include this information)

Emergency Medical Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_/\_\_\_\_\_

Second Phone Number: \_\_\_\_\_/\_\_\_\_\_

Returning Member: Yes ( ) No: ( )

Optional Information

Interests: Skiing ( ) Boarding ( ) X/C Skiing ( ) Hiking ( ) Travel ( ) Biking ( )

Please list children under age 18 below:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The Lexington Ski and Sports Club needs volunteers. Please take a moment to indicate if we may call you in assist in the following:

Social Activities ( ) Special Events ( ) Racing ( ) Learn to Ski Programs ( )
Newsletter ( ) Website ( ) Public Relations ( ) Other \_\_\_\_\_

Please make checks payable to Lexington Ski and Sports Club or LSSC and present the signed application (see back) and check at a membership meeting or mail to the following address:

LSSC Membership, PO Box 22375, Lexington, KY 40523-2375

For Membership Officer's Use: Payment Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Ck# \_\_\_\_\_

**LEXINGTON SKI AND SPORTS CLUB, INC./OHIO VALLEY SKI COUNCIL, INC.  
GENERAL RELEASE**

Each undersigned person hereby acknowledges that hazards are inherent in the sport of skiing and other activities participated in by club members and their guests, and hereby assumes all risks of injuries or damages incidental to such activities.

In consideration of the mutual benefits to be derived through joint participation by membership in the Lexington Ski and Sports Club, Inc. ("LSSC"), and the Ohio Valley Ski Council, Inc. ("OVSC"), in skiing, snowboarding and all other activities, each undersigned person does hereby release the LSSC and the OVSC, and the officers, directors, agents and members thereof, from liability for bodily injuries, property damage and all other claims arising out of or related to such activities or participation in such organizations, whether based upon intentional or negligent acts or omissions of any released party or anyone acting on behalf of a released party.

Any member or guest of the LSSC or the OVSC, attending an event or using the facilities or property of the LSSC or the OVSC, or providing facilities or property for use at any LSSC or OVSC event or function, does so at the member's or guest's own risk, and any such member or guest waives any and all claims against the LSSC and the OVSC, and the officers, directors, agents, and members thereof, arising in the course of such event or out of the use of such facilities or property.

MINORS: Each undersigned person, as parent, guardian or custodian of the minor children listed herein, for the consideration set forth above, does hereby further release the LSSC and the OVSC, and the officers, directors, agents, and members thereof, from liability for bodily injuries, property damage and all other claims sustained by such minor children, arising out of, or related to such activities or participation therein by such minor children. All undersigned persons furthermore, jointly and severally, shall indemnify the LSSC and the OVSC, and the officers, directors, agents, and members thereof, against, and hold them harmless from, liability of every sort to or with respect to such minor children.

POLICY STATEMENT: The LSSC reserves the right to terminate the membership of any member or refuse renewal thereof for reasonable cause, as determined by the Directors of the LSSC, including violation of Policies, Rules of Conduct and other regulations and orders issued by the Directors. In such event, the sole liability of the LSSC shall be the refund of the membership dues paid during the year.

I/we acknowledge that I/we have read the above General Release and Policy Statement, and I/we agree to be bound thereby, and as such may be revised from time to time.

**APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CO-APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MINOR CHILDREN:** \_\_\_\_\_ **AGE** \_\_\_\_\_  
\_\_\_\_\_ **AGE** \_\_\_\_\_  
\_\_\_\_\_ **AGE** \_\_\_\_\_  
\_\_\_\_\_ **AGE** \_\_\_\_\_