

SAS MEMBERSHIP FORM

Because of our Release of Liability clause, it is necessary for us to obtain separate Membership Applications for each member. (Couples may send one check to cover both memberships @ \$20.00 each, but must send individual Membership Applications).

Please complete this form, and return it along with your check for \$20.00 (payable to SAS) for 2017.

Mail To: SAS, P.O. Box 44795, Madison, WI 53744

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

RETIRED _____ SEMI-RETIRED _____ WORKING _____

NEW MEMBER _____ RENEWING MEMBER _____

Optional Donation _____ How did you hear about Sports for Active Seniors? _____

INTERESTS

Biking ___ Bowling ___ Camping ___ Canoeing ___ Dancing ___ Golf ___

Tennis ___ Hiking/Walking ___ Ice Skating ___ Pickle Ball ___

Skiing (Downhill) ___ Skiing (cross-country) ___ Snow Shoeing ___ Volley Ball ___

If you have sport interests other than are mentioned please list them here. _____

Please check interests you may be willing to help with: Membership ___ Hospitality ___ Programs ___
Newsletter ___ Computer Literacy ___ Activity Leadership ___ Finance ___ Archives ___ Publicity ___

RELEASE OF LIABILITY/INDEMNITY

(Application will not be accepted without Signature and Date)

I understand that participation in the activities of this organization may put me at risk of injury or loss. I hereby assume such risk, and I release, indemnify, and hold harmless the organization, its officers, its activity leaders, and my fellow participants from all liability for any injuries, damages, claims, or allegation of misadventure or negligence. I agree to indemnify and hold those identified above harmless and pay for all costs, attorney fees and other monetary awards incurred or determined in any lawsuit or claim related to the organization and myself.

Signature _____ Date _____