

SPORTS for ACTIVE SENIORS (SAS)

2024 Membership Application

The SAS Release of Liability clause requires us to have a separate Membership Application form for each member. Couples may send one check to cover both memberships at \$20 each.

Please complete this application and return with a check made out to SAS for \$20 per member.

Mail to: SAS, PO Box 8742, Madison, WI 53708

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ HOME PHONE _____

EMAIL
ADDRESS _____

Retired Semi-Retired Working New Member Renewing Member

Optional Donation _____ How did you hear about SAS? _____

INTERESTS

Biking Bowling Camping Canoeing/Kayaking Dancing Golf
 Hiking/Walking Skiing XC Snow Shoeing Tennis
 Other _____

Please check ways you'd be willing to help with SAS: BOARD MEMBER Membership
 Hospitality Programs Newsletter Computer Literacy Activity Leadership Finance
 Archives Publicity

RELEASE OF LIABILITY/Indemnity

(Application will not be accepted without signing this release.)

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 _____

Emergency
Contact _____ Phone _____

I permit my name, address, phone number(s) and email address to appear in the SAS directory.

Signature _____ Date _____