

# SPORTS for ACTIVE SENIORS (SAS)

## 2026 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 \$25 each.

Please complete this application and return with a check made out to SAS for \$25 per member.

**Mail to: Mary Juckem, SAS Treasurer  
252 Fairview Circle Unit 301A  
Waunakee, WI 53597**

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 \_\_\_\_\_