

Saratoga Biathlon Club

2018-'19 Membership Form

(Valid 11/1/2018 – 10/31/2019)



New _____ Renew _____ Membership # _____

Name _____

Address _____

Age _____ Sex _____ Phone (_____) _____

E-Mail _____

Interests: _____ Winter Biathlon
 _____ Summer Biathlon
 _____ Cross Country Skiing
 _____ Snowshoeing
 _____ Mountain Biking
 _____ Running

Go to www.saratogabiathlon.com or <http://www.facebook.com/saratogabiathlon/> for more information and updates.

Membership benefits:

- Unlimited use of trails and range (.22 caliber and air rifle only)
- E-mail updates and online listing
- Reduced fees to training camps and clinics

Membership Dues:

Individual: \$35 Family: \$50

Donations are also welcomed to help with routine operating expenses and the purchase of new equipment.

Each family member should fill out a form.

Please make checks payable to the Saratoga Biathlon Club, and mail to Curt Schreiner, 3016 South Shore Rd., Day, NY 12835.

Membership \$ _____

Donation \$ _____

Total \$ _____

Waiver And Release Of Liability

I understand that participation in any physical activity involves a risk of serious injury, including permanent disability, death and other losses, due to inactions or negligence of myself or others. I agree that I am responsible for my safety while participating in activities associated with the Saratoga Biathlon Club, and that such responsibility includes participation only; a) when I am both physically and psychologically prepared to safely participate and b) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation. I hereby waive release and agree to hold harmless the Saratoga Biathlon Club, its officers, members, coaches, trainers, officials, and event organizers from any and all claims by me for any liability, injury loss or damage in any way connected with my participation in activities associated with the Saratoga Biathlon Club. I intend for this waiver and release to also apply to any relatives, personal representative, heirs, beneficiaries, next of kin or assigns who may pursue any legal action or claim on my behalf. I currently have and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

Signature: _____ Date _____

Members of minor age must have the consent of a parent/legal guardian to join the club

Parent/ Guardian Signature: _____ Date _____