



Park City Mountain Sports Club Membership Form

Please Print Clearly

New Member ☐
Renewal ☐

PO Box 682577 Park City, UT 84068

(A) Last Name _____ First _____ Birthday: M/D _____ / _____

(B) Last Name _____ First _____ Birthday: M/D _____ / _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address if (different from mailing Address) _____

City _____ State _____ Zip _____

Home Phone _____

(A) Work Phone _____ (B) Work Phone _____

(A) Cell Phone _____ (B) Cell Phone _____

(A) E-mail _____ (B) E-mail _____

The Published Directory

All Members are Listed in the Annual Published Directory. Check here if you do NOT want to be listed in this directory ☐

How did you hear about the Park City Mountain Sports Club ?

The Park Record: ☐ Member: _____ Other: _____

Are there any activities that you would like to participate in that the club does not currently offer? _____

The Monthly Newsletter

☐ Check here if you are willing to download the newsletter
from the website www.pcmsc.org

☐ Check here if you want a newsletter mailed to you. Add \$15 to fee

Volunteers Please check the area(s) in which you are willing to volunteer:

	(A)	(B)		(A)	(B)
Consider Accepting Board Position	<input type="checkbox"/>	<input type="checkbox"/>	Help with Social Events	<input type="checkbox"/>	<input type="checkbox"/>
Lead an Activity (please list which ones)	<input type="checkbox"/>	<input type="checkbox"/>	Chair an Activity (please list which ones)	<input type="checkbox"/>	<input type="checkbox"/>

Before your application or renewal can be processed, the Release Form on the back must be signed.

Membership Fee is	Single	Couple
New Members joining in Sept – Nov	\$25	\$50
New Members joining after November	Subtract \$2/month	Subtract \$4/month
Renewing Members	\$25	\$50

(must be 21 yrs. or older) Your name, address, and phone #s will be published in the PCMSC Member Directory which is distributed for members' personal (not commercial) use.

Mail this signed form with your check to the above address or to the membership chair

Revised October 2011

Park City Mountain Sports Club (PCMSC)

Membership Application and General Release Form

Voluntary Participation: I acknowledge that my participation in any PCMSC activity is voluntary; and that this non profit organization is managed and operated by its volunteer members. I select activities that I choose to participate in based upon my personal evaluation and consideration of my abilities, knowledge and health. I will not delegate my decision in any activity to anyone, including event leaders or persons of leadership in the PCMSC. I alone am responsible for my decisions.

Assumption of Risk: I am aware the PCMSC activities involve risks, and could result in injury, illness, death, and damage or loss of property. PCMSC is not, nor does it provide a professional guiding service. In order to participate in PCMSC activities, I am willing to accept the risk and uncertainty as being a part of the activity, including transportation to and from an activity. ***I acknowledge this risk, and assume full responsibility for any and all injury, illness, death, I may receive or damage and loss of my property.***

Preparation: I understand that it is my responsibility to evaluate the type and difficulty of any activity I participate in, and decide whether I am prepared by having the experience, skill, knowledge, equipment, and the physical and emotional stamina to safely participate. Any description that is provided to me, either in writing or orally, is only to be considered a general expectation of an activity and should not be relied upon as a specific statement of what may be encountered. I also understand that an activity may be described as moderate, while a participant, based upon their individual training and experience, may view it as strenuous.

Cooperative Activity: To facilitate an enjoyable and safe experience for all participants, I agree to cooperate with others and follow the guidance of the designated Trip/Activity Leader. I acknowledge that uncooperative or unsafe behavior may result in me being prohibited from continued participation in that activity or participating in future club activities. I acknowledge my right to terminate my involvement at any time in an activity. Should I make this election, I agree to provide notice of termination to the Trip/Activity Leader.

Release of Liability and Promise Not to Sue: I agree that I, my heirs, successors in interest, executors, administrators, guardians and my personal representatives hereby release and hold harmless from all claims and liability, and promise not to bring suit, or pursue a suit should they be joined as a party, or claim against the PCMSC, its leaders, directors, officers, agents, representatives and activity leaders for any injury, illness, death, or damage and loss of property resulting from my participation in any PCMSC activity even if they negligently caused the injury or damage. This waiver and release shall not bar a claim for injuries, death or damage against an individual based upon that person's gross negligence or intentional wrongful and injurious acts.

Reimbursement of Legal Fees. Should I or my representative, including my estate, assert a claim in violation of this agreement against the PCMSC, any trip/activity leader, officer, director, agent representative or someone on their behalf, I agree to be responsible for the attorney's fees and costs incurred in the defense of such claim. This shall not be construed as a right of PCMSC to request attorney's fees or costs from any other member and only applies for a claim or law suit that I, or my representative, file in violation of this agreement.

Insurance: I certify that I have sufficient insurance to cover any bodily injury or property damage that I may incur while participating in any PCMSC activity. If I have no such insurance, I certify that I am capable of paying for all such expenses and liabilities.

I have read the Release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I am at least 18 years old.

In witness whereof, I have executed this release this ____ day of _____, 20____.

Name A (Signature)

Name B (Signature)

Name A (Please Print)

Name B (Please Print)
