

Superiorland Ski Club Summer Training Program

June 19 – August 11 2017

Registration Form

Questions? Contact Dan Wiitala dwwiitala@gmail.com or call 906-362-4462

To register, please complete the following and mail with payment of \$160 to: Superiorland Ski Club, PO Box 864, Marquette, MI 49855

Name _____ Parents _____

Address _____ Phone _____

Email _____ Emergency Phone _____

Date of Birth _____ Sex _____

Roller ski experience (circle one): New to rollerskiing Some experience Very experienced

Need Roller ski Equipment (List): _____

Release and Indemnity Agreement

In consideration of my participation in the Superiorland Summer Training program, sponsored and managed by the Superiorland Ski Club, PO Box 864, Marquette MI 49855 and any other landowners in connection with the program, in recognition of the fact that in such participation and use of such facilities, injuries may occur, I do hereby covenant with Superiorland Ski Club, that I will never sue or bring any legal action or proceeding against Superiorland Ski Club or their respective officers, employees or agents, for or on account of any injury or damage sustained by me, which I have now or may have against Superiorland Ski Club, their respective officers, employees or agents, of any nature, arising out of the program, and this release and indemnity agreement may be presented as a complete defense to any action or other proceeding which may be brought, instituted or taken by me, or my legal representatives, against Superiorland Ski Club, their respective officers, employees or agents.

This covenant not to sue is executed by me not in satisfaction of any damage sustained, nor as compensation for injuries, nor in settlement for any claim for damages, but rather is in sole consideration of my participation in the Superiorland Summer Training Program.

I further hereby covenant to indemnify and save harmless Superiorland Ski Club and its respective officers, employees and agents, against any claim for damages, compensation, or otherwise on the part of me, my heirs, executors, or administrators, and to reimburse or make good any loss or damages or costs that the aforesaid indemnities may have to pay if any litigation arises on account of any claims made by me or anyone on my behalf.

Signature _____ Date _____

Parent or guardian if under 18