



# NORTH ISLAND Snowdrifters OF SAN DIEGO, CA

2022-2023 Membership Application Form [www.nisnowdrifter.com](http://www.nisnowdrifter.com)

First & Last Name (Nickname)		Sex	Birthdate	Season Pass?	<b>Place * next to information not to publish in the Membership Directory.</b>
Home Phone	Cell Phone	E-mail Address		<b>**Member Dues: \$50</b>	
Mailing Address			City	State	Zip Code
Emergency Contact Name & Relationship (Parent, Child, Spouse, etc.)			Emergency Contact Phone		How did you hear about us?

Select items of interest that you would be inclined to participate in. Enter **V** in activity box.

Volunteer	Leisure	Active Sports	Ball Sports	Water Sports
Board <input type="checkbox"/>	Travel <input type="checkbox"/>	Down Hill Ski <input type="checkbox"/>	Golf <input type="checkbox"/>	Water Ski <input type="checkbox"/>
Committee <input type="checkbox"/>	Dining <input type="checkbox"/>	Cross Country Ski <input type="checkbox"/>	Tennis <input type="checkbox"/>	Rafting <input type="checkbox"/>
Trip Leader <input type="checkbox"/>	Theater <input type="checkbox"/>	Snowboard <input type="checkbox"/>	Softball <input type="checkbox"/>	Kayaking <input type="checkbox"/>
Condo Captain <input type="checkbox"/>	Movies <input type="checkbox"/>	Cycling <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Fishing <input type="checkbox"/>
General Helper <input type="checkbox"/>	Cooking <input type="checkbox"/>	Hiking <input type="checkbox"/>	Racquetball <input type="checkbox"/>	Snorkeling <input type="checkbox"/>
	Wine Tasting <input type="checkbox"/>	Camping <input type="checkbox"/>	Pickleball <input type="checkbox"/>	Scuba <input type="checkbox"/>
	Spa Outings <input type="checkbox"/>	Walking <input type="checkbox"/>	Bowling <input type="checkbox"/>	Surfing <input type="checkbox"/>
	Table Games <input type="checkbox"/>	Dancing <input type="checkbox"/>	Pool <input type="checkbox"/>	Boating <input type="checkbox"/>

**WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING:** In consideration of being allowed to participate in any way in the North Island Snowdrifters' programs, related events and activities, I ( [redacted] ), the Undersigned, acknowledge, appreciate, & agree that: **1.** The risk of injury from the many of the activities is significant, including the potential for permanent paralysis & death, & while particular skills, rules, equipment, & personal discipline may reduce this risk, the risk of serious injury does exist; and, **2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others & assume full responsibility for my participation; and, **3.** I willingly agree to comply with the stated & customary terms & conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation & bring such to the attention of the nearest official immediately; and, **4.** I, for myself & on behalf of my heirs, assigns, personal representatives & next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the North Island Snowdrifters, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, & if applicable, owners and lessors of premises used to conduct the event ("**RELEASEES**"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, & SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant Signature [redacted] Date: [redacted]

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)** This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent & agree to his/her release as provided above of all the Releases, & for myself, my heirs, assigns, & next of kin, I release & agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law. I also consent to allow medical treatment in the event of an emergency.

(Parent/Guardian) [redacted] Date [redacted]

**\*\* Make checks payable to NIS & mail to: MJ Lau, 2396 Harcourt Drive, San Diego CA 92123**