



This box for use by the San Diego Alpine League
 Cash _____ Check _____ Amnt \$ _____ Date _____

**San Diego Alpine League '16 -'17 Race Season
 MEMBERSHIP & RELEASE FORM**

Please print out this Membership & Release Form, fill out completely,
 and give to a SD club race director or any SDAL officer.

PLEASE PRINT LEGIBLY.

Last Name _____

First Name _____ Middle Initial _____ Ski Club or UNA _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Birth Date _____ Age on Dec.1 _____ Sex: M F

Email _____

Annual Membership Fees (Aug1 to July 31): **\$30.00 per person** or _____ Individual
\$40.00 per family of 2 or more (Maximum of 2 adults 18 years or older) _____ Family

Mail a completed application for **EACH** applicant along with a check, made payable to
 the SAN DIEGO ALPINE LEAGUE, to your club race director.
 Questions? Please call Martin Wascher at 760-747-8622.

WARNING: PLEASE READ CAREFULLY! THIS IS A RELEASE.

I am aware that competitive skiing of this type is inherently risky and dangerous. Race courses may be icy, rutted, and/or bumpy. I agree to visually and physically inspect the course and the adjacent area before using the course. I am aware that by using the course, I assume the risks of this competition and the conditions of the course and adjacent area, including the risk of falling or colliding with persons or objects. I agree to follow all San Diego Alpine League (SDAL) and Far West Racing Association (FWRA) rules. I understand that helmets are required at all FWRA sanctioned racing and training events. I hereby give the SDAL permission to use my photo for the promotion of the SDAL and SDAL programs. I hereby release the sponsoring ski areas, their members or agents, SDAL, and SDAL Sponsors, and any person officially connected with this competition from all liabilities, for any injury or damages whatsoever arising from my participation in or presence at a SDAL sanctioned competition. I am personally responsible for properly completing this registration form and understand that completion of this form is a requirement to complete race registration.

DO NOT SIGN IF YOU DO NOT UNDERSTAND OR AGREE WITH THE ABOVE STATEMENT.

Racer's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____