

NEW MEMBERSHIP

CHECK# _____

CONTACT PHONE _____

DATE _____

MT. GREYLOCK SKI CLUB

MEMBERSHIP APPLICATION 2024-2025

FAMILY, FAMILY 2, SENIOR, JUNIOR* AND LIFETIME MEMBERSHIPS:

NAME(S) _____

Last

First

Last

First

ADDRESS _____

Street

Town

State/Zip

The Bruises & Blisters newsletter is sent as a PDF to your e-mail address, unless otherwise noted by checking this box: MAIL Bruises & Blisters

E-MAIL (please *print* clearly) check box and update if changed since last year

LIST all children UNDER 21 before 01/01/25 if part of a FAMILY MEMBERSHIP

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

* JUNIOR MEMBERSHIP *joining as an individual under 21-* not part of a FAMILY MEMBERSHIP An adult must fill and sign this application AND liability release if the junior is under 18.

Name of Jr. _____ D.O.B. _____

GUEST POLICY: Guests ski FREE for one day (encourage donations). Ask your guests to join if they plan to return to the Club. *Guests must sign the Liability Waiver and wear a ticket when skiing at the Club.*

RELEASE OF LIABILITY

I understand that Skiing and Snowboarding are hazardous activities, and I accept and clearly understand that there are inherent risks involved in the sport of skiing. In addition, other outdoor physical activities also carry an element of risk. As a member of the Mount Greylock Ski Club, I freely and voluntarily assume all of the risks and I covenant not to sue and I hold harmless and indemnify the Mt. Greylock Ski Club, Inc., its Board of Directors, Officers, and other members from all liability for personal injury or property damage that may occur when using the Club's property for skiing and all other activities, accepting full responsibility for any such damage or injury. I further agree that any claims arising out of my use of the ski area shall be subject to the exclusive jurisdiction of the State and Federal Courts of the Commonwealth of Massachusetts, and governed by the laws of the Commonwealth of Massachusetts.

I acknowledge and accept the terms of this agreement, covenant not to sue, and release of liability. I also understand that Mt. Greylock Ski Club does not carry insurance according to 526 CMR 10.02(2)(a). (If a junior membership, this document must be signed by a parent or guardian.)

Skier 1 _____ **Date** _____

Skier 2 _____

Payment received before October 31 will help pay our pre-season bills.

NOTE: ALL MEMBERSHIPS INCREASE BY \$10 after DEC.1 2024 (AFTER 12/1)

FAMILY - ONE OR TWO ADULTS AND THEIR CHILDREN UNDER 21	\$150	\$160
FAMILY 2 - COUPLE, NO CHILDREN WHO SKI	\$120	\$130
SENIOR - OVER 21, NOT PART OF A FAMILY MEMBERSHIP	\$75	\$85
JUNIOR - UNDER 21, NOT PART OF A FAMILY MEMBERSHIP	\$60	\$70
LIFE MEMBER - OVER 65, MEMBER FOR 5+ YEARS	FREE	
DONATION - A DONATION WILL HELP TO MEET OUR EXPENSES		_____

MAKE CHECKS PAYABLE TO: Mt. Greylock Ski Club **TOTAL \$** _____

MAIL TO: Ilona Sherratt, Membership Secretary
P.O. Box 337 **(413) 743-5308**
Cheshire, MA 01225 **ilona.sherratt@gmail.com**

SIGN UP FOR COOPERATIVE WORK PREFERENCES

All skiers 18+ sign up for at least one job. Please initial your choices. (w = winter s = summer)

- | | |
|--------------------------------------|-------------------------------------|
| (w) NATIONAL SKI PATROL _____ | (s) TRAIL/SLOPE MAINT. _____ |
| (w) FIRST AID (CERT.) _____ | (s) BUILDING MAINT. _____ |
| (w) AREA DIRECTOR _____ | (s) ROAD MAINT. _____ |
| (w) TOW OPERATOR _____ | (w/s) EQUIP/TOW MAINT _____ |
| (w) PLOWING/SANDING _____ | (s) FIREWOOD _____ |
| (w) PACKING _____ | (s) MOWING _____ |
| (w) SOCIAL COMMITTEE _____ | OTHER (WRITE IN) _____ |