



MOUNT HOTHAM FREE SKI CLUB

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MHFS CLUB MEMBERSHIP FORM 2016

For Office Use Only
Received By: _____
Date Entered: _____
Entered By: _____
Today's Date: _____

Member's Name: _____

Date of Birth: _____

Signature (if over 18): _____

Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR MEMBERS UNDER THE AGE OF 18

The undersigned is executing this Assumption of Risk and Release of Liability on behalf of a minor (under 18 years of age) (the "Child"), and the following additional provisions shall apply:

- a. I am the parent/ and or legal guardian of the Child and have authority to sign this document on the Child's behalf.
- b. My choice to sign this document is based upon a voluntary and informed decision.
- c. The Child is in good health and appropriate physical condition to participate in the Activities.
- d. I accept responsibility to ensure that the Child abides by the Assumption of Risk and Release of Liability and engages in the Activities in a safe manner.
- e. I agree to defend, indemnify and hold the Operators harmless from any and all liability, damage, cost or expense arising from claims, including claims based on negligence, brought by or on behalf of the Child or by any other party arising from or related to the Child's participation in the Activities, except those that a court determines were based upon the willful and wanton act or omission, a reckless act or omission, or a grossly negligent act or omission of the Operator.
- f. I am signing this on my own behalf and on the behalf of the Child, and acknowledge that both the Child and I will be bound by this Waiver, Release and Indemnity.
- g. I agree to abide by all codes of conduct, rules and directions of the MHFS and MHSC applicable to parents of members.
- h. I give permission for MHFS to use images of my child/ ren for promotional purposes in electronic & printed media. YES / NO

Name of First Child: _____

Name of Second Child: _____

Name of Parent/Guardian: _____

Best Contact Phone No. _____

Best Contact Address: _____

Email Address: _____

Signature of Parent/Guardian: _____

Date Signed: _____

MHFS Membership Fees: Single \$110 / Family \$275

Payment Type: Credit Card / Direct Transfer (please circle) Credit Card

Information: (scan/email or mail only)

Name on Card: _____

Acct. Number: - - -

Expiry Date: / CCV:

DIRECT TRANSFER
Free Ski Hotham Inc.
BSB 633 – 000
Acc. No. 152 207 700