

# Mountain High Snowsport Club 2023/2024 Membership Sign-Up / Dough Transmittal Form

Make check payable to: "Mountain High Snowsport Club"

Mail it to: Mountain High Snowsport Club, PO Box 2182, Portland, OR 97208.

Or, you can pay online (Signup & Pay on our website) and email this form to: [Forms@mthigh.org](mailto:Forms@mthigh.org)

Name(s): \_\_\_\_\_ [ ] New membership(s)  
PLEASE PRINT CLEARLY  
\_\_\_\_\_ [ ] Renewal(s)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Birthday: (MM/DD/YY) \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

E-mail (H): \_\_\_\_\_ E-mail (W): \_\_\_\_\_

The best way to reach me: [ ] phone (home/work) [ ] e-mail (home/work)

**Email Preferences:** [ ] No changes, same as last year.

1. Newsletter (once a month): [ ] Yes, link only [ ] Yes, complete file [ ] No

2. Club news & events (between newsletters): [ ] Yes [ ] No

3. Other ski news (NWSCC, FWSA, ski areas, etc.): [ ] Yes [ ] No

4. Is it OK to share your email address with other club members? [ ] Yes [ ] No

**Note:** PACRAT racers will receive PACRAT email from their team captain regardless of the above options.

**Please apply my payment toward the following fun stuff:**

	<u>Total</u>	<u>Details/Notes</u>
<input type="checkbox"/> <b>Annual Membership</b> (Oct. 1, - Sept. 30): Single (\$30); Couple (\$50).	\$ _____	_____
<input type="checkbox"/> <b>PACRAT Racing</b> – Please pay through the PACRAT website <a href="http://www.pacrats.org">www.pacrats.org</a>	\$ _____	_____
For any question about Mt. High teams & racing, contact: <a href="mailto:racing@mthigh.com">racing@mthigh.com</a>		
<input type="checkbox"/> <b>McCall, Idaho: Brundage Mtn. And Tamarack.</b> (Feb. 11 = 15 or 15, 2024)	\$ _____	_____
The club is not collecting money for this trip. See trip description on our website. Make your own hotel reservations. Tell them you are with the Mt. High club.		
<input type="checkbox"/> <b>Washington Ski Safari (Bluewood, 49° North, and Mission Ridge)</b>	\$ _____	_____
(March 1 or 2 - March 5 or 8, 2023). The club is not collecting money for this trip. See trip description on our website. Make your own hotel reservations. Tell them you are with the Mt. High club.		
<input type="checkbox"/> <b>Mountain High Cookbook</b> 34 pages of recipes from our club members: \$10	\$ _____	_____
<input type="checkbox"/> <b>Other:</b> _____	\$ _____	_____
[_] cash [ ] check # _____	TOTAL AMOUNT RECEIVED:	\$ _____

**Comments** (For whom you are paying. Roommate requests, Options, Preferences, etc.):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See our Trips cancellation policy at: [www.mthigh.org/Documents/Trip-Cancellation-Policy.pdf](http://www.mthigh.org/Documents/Trip-Cancellation-Policy.pdf)

**PLEASE SIGN LIABILITY RELEASE FORM ON NEXT PAGE**

**Mountain High Snowsport Club**  
**Assumption of Risk / Waiver of Liability / Indemnification Agreement**

I do hereby affirm and acknowledge that I am aware of the inherent hazards and risks associated with the activities of **Mountain High Snowsport Club** (MHSC), including, but not limited to: ski trips, ski or snowboard racing, bicycle rides, hikes, or social activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

**Risk** of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability or death.

**Risks** of the condition or selection of course route, getting separated from the group, and getting lost, colliding with other participants, getting injured in any way relevant to the activity, or suffering from any conditions resulting from exposure to nature, animals, and/or human beings.

**Possible** exposure to and illness from infectious diseases includes, but is not limited to MRSA, INFLUENZA, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

I willingly agree to comply with the stated and customary terms and conditions for participation as protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

“**Acts of God**” or other actions taken by governments or their civil authorities, or common carriers that would impede MHSC delivering any or all of the contracted services, may result in injury, inconvenience, travel deviations, or unexpected cancellations relating to such risks or event, and are not in MHSC’s control.

**I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.

- I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death

I understand that participation in the club's activities is strictly voluntary and I freely chose to participate. I confirm that I will be responsible for any medical costs I may incur as a result of my participation.

I hereby release and hold harmless with respect to any and all injury, illness disability, death, or loss or damage to person or property, whether caused by negligence or otherwise, the **Mountain High Snowsport Club**, its officers, officials, event organizers, volunteers and agents, and their successors and assigns.

**This agreement** shall be binding to the fullest extent permitted by law. If any provision of this release is found unenforceable, the remaining terms shall be enforceable.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, AND VOLUNTARILY, WITHOUT ANY INDUCEMENT.**

NAME(PRINTED)	SIGNATURE (Participant or guardian)	DATE	CELL PHONE
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EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME(PRINTED)	SIGNATURE (Participant or guardian)	DATE	CELL PHONE
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EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE \_\_\_\_\_