



Rochester Active Sports Club General Membership Application Form

To join RASC, print out the form, fill in the sections below and send the completed form and a check (payable to RASC) to Rochester Active Sports Club, P.O. Box 6894, Rochester, MN 55903-6894 (or in Mayo Clinic, to Tony Haimes at Ozmun Center 2-50). Annual membership fees are \$15 (individual), \$5 (student) and \$20 (family*).

This year, you also **need to sign the insurance waiver** at the end of this form, as all club activities are now covered by our current policy (see details on Benefits of Membership web page).

Note : at present, an e-mail address is essential as this is the primary means of communication within the club. Our web site (www.rasc-mn.org) also supports a bulletin board as an alternative means of communication.

Name: _____

Address: _____

E-mail address (essential – please type clearly): _____

Phone (home): _____ Phone (work): _____

*Note: Within the \$20 family membership category, additional family members' names may be entered on our membership list with their own e-mail addresses (if different from the e-mail address for the member listed above). Please provide these names and addresses here (optional):

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Please check the sports you are interested in:

- Road Biking - recreation riding (Recyclers)
- Road Biking - racing / training (Velorocheester)
- Road Biking - randonneur (long distance) riding
- Mountain Biking
- Nordic Skiing - recreational (classical)
- Nordic Skiing - citizen racing (skating / classical)
- All City Nordic Ski Team (Middle/High School Ski Program)
- Triathlons / Duathlons
- In-line Skating
- Kayaking
- Hiking
- Running

Are there other sports that you would like to see as part of this club ? If so, please list them below. If we have enough interest in another sport, we will try to set it up as a new group within the club.

Other Sports ? _____

RELEASE OF LIABILITY -- READ BEFORE SIGNING
Applicable for all RASC Related Activities

For family membership, please print additional copies and have each participating family member sign

In consideration of being allowed to participate in any way in the activities of Rochester Active Sports Club (RASC), its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and 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, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Rochester Active Sports Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, 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, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and 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.

_____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE (print name)

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