

Capital Region Nordic Alliance Membership Application 2011-12

**“Serving all of the greater Capital Region Community, including those with special needs/disabilities”
Year round activities in: XC Skiing, Orienteering, Biathlon, and Snowshoeing**

New ____ Renewal ____ Assigned member # ____

Name _____

Address _____

Age _____ Birthdate _____ Phone Landline _____

Cell _____

Email _____

If Military, which branch of service _____

If Disabled, what accommodations or services are needed when attending CRNA events

Membership Benefits

Member Obligations

Reduced fees at all CRNA events (training clinics)

-Assist in ensuring CRNA events are successful
-Attendance and voting at CRNA special meetings
-Lend a hand in event mgt, marketing and fundraising

Discounts to CRNA sponsors

(See website for list of CRNA Sponsors)

-Play a meaningful part in making sure those with special needs/disabilities are included and made to feel like they are appreciated

CRNA sponsored venues at reduced fees

Contribute to working with CRNA partners in keeping trails (venues and parks) in good condition for all to use

Adult Individual dues \$15, family \$30, 13-18 yrs old \$10, under 13-free

Make check out to Capital Region Nordic Alliance, mail to Tom Wright, 1415 Albany Ave. Valatie, NY 12184

All membership fees go to covering programming/staff expenses ensuring CRNA events are of the highest quality.

WAIVER AND RELEASE OF LIABILITY

Identification of Risk. I know that the sanctioned Capital Region Nordic Alliance (CRNA) sports involve risks of a variety of injuries or even death. I understand that these situations might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of Risk. I agree that I am responsible for my safety while participating in CRNA training and competition knowing that all CRNA events contain safety and education components to maximize my enjoyment in any selected activity. I assume all risks, both known and unknown, connected with my participation. I acknowledge that I have taken and passed the CRNA sport specific training or safety courses and am fit to participate safely in my selected CRNA sport(s).

Waiver. Being aware of the risks and willing to assume them, I waive, release, and hold harmless Pineridge XC Ski Area, Capital Region Nordic Alliance, Tippmann Paintball manufacturer, The County of Rensselaer, CRNA four sport National Governing Bodies , all volunteers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises for all claims of liability, injury, loss, or damage connected with my participation in CRNA sponsored training and competition. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain through the time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone from providing it for me.

I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

Member	Date	Member if signing for youth
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