



Probusski Legends Membership Application 2025 – 2026 Ski Season

A Probusski Legends Member is entitled to the activities identified at www.probuskilegends.ca as updated from time to time

Name:	Last	First	Probusski Club
Address	Street, Including unit number, City/Town, Postal Code		
Contact Details:	Home Phone	Cell Phone	Email

This Application must be filled out in total and emailed to skilegendsmembership@gmail.com. Upon acceptance, an email will be sent to the applicant with instructions for the deposit of the annual \$50 membership fee via INTERACT e-TRANSFER

**RELEASE OF LIABILITY AGREEMENT, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**
BY SIGNING THIS DOCUMENT YOU WILL WAIVE
CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY!

Initial

I AM AWARE OF AND UNDERSTAND THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH SKIING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY OR DEATH RESULTING THEREFROM. I ALSO ACCEPT RESPONSIBILITY FOR ANY PERSONAL OR PROPERTY DAMAGE CAUSED BY MY PARTICIPATING IN SKIING.

Notwithstanding the acknowledgement of such risks, I hereby release the Probusski Legends, its contractors, trip leaders, employees, volunteers, agents, and executives from all claims for damage whatsoever arising as a result of my participation in this or any other activity conducted by the group and I agree that this waiver shall be effective and binding upon my heirs, next of kin, administrators, assigns and representatives in the event of my death or incapacity. I affirm that I am aware of the nature of the activity, its approximate length, duration, and degree of difficulty and that I am properly equipped and mentally and physically able to participate. I have no medical or other condition, which might preclude my participation. I agree to pay the costs of any emergency evacuation of my person or other belongings that may be necessary through my participation.

Signed this _____ day of _____ 20____

Signature _____

Witness _____

Emergency Contact		
Name:	Last	First
Contact Details:	Home Phone	Cell Phone