



**LEXINGTON SKI AND SPORTS CLUB/OVSC**  
**APPLICATION FOR MEMBERSHIP**  
*2023-24 Membership Year*

Membership is available to individuals 18 years of age or older. Children under 18 living in the same household as member are free. Co-applicants in the same household may use the same application. Annual dues are \$40 per person.

**PLEASE PRINT CLEARLY**

**\*Required**

**\*Applicant's Name:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Middle Initial Last

**\*Street Address:** \_\_\_\_\_

**\*City:** \_\_\_\_\_ **\*State:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_

**\*E-mail Address:** \_\_\_\_\_ **\*Returning Member:** Yes  No   
 (Club newsletters and communications come via e-mail, so please be sure to include this information.)

**\*Preferred Phone:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Second Phone:** \_\_\_\_\_

**\*Emergency Medical Contact:** \_\_\_\_\_ **\*Phone:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Optional Information:*

Interests: Skiing ( ) Boarding ( ) X/C Skiing ( ) Hiking ( ) Travel ( ) Biking ( ) Other: \_\_\_\_\_

**\*Co- Applicant's Name:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Middle Initial Last

**\*Street Address:** \_\_\_\_\_

**\*City:** \_\_\_\_\_ **\*State:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_

**\*E-mail Address:** \_\_\_\_\_ **\*Returning Member:** Yes  No   
 (Club newsletters and notices come via e-mail so be sure to include this information.)

**\*Preferred Phone:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Second Phone:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**\*Emergency Medical Contact:** \_\_\_\_\_ **\*Phone:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Optional Information:*

Interests: Skiing ( ) Boarding ( ) X/C Skiing ( ) Hiking ( ) Travel ( ) Biking ( ) Other: \_\_\_\_\_

**\*Please list minor children under age 18 below:**

Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____

The Lexington Ski and Sports Club needs volunteers. Please take a moment to indicate if we may call you in assist in the follow Social Activities ( )  
 Special Events ( ) Racing ( ) Learn to Ski ( ) Newsletter ( ) Website ( ) Public Relations ( ) Other

**Annual dues are \$40 per person. Please make checks payable to Lexington Ski and Sports Club or LSSC. Mail signed application (see back) and check to the following address: Lexington Ski and Sports Club Membership, C/O Charles Lisle, 2121 Nicholasville Rd, Ste 101, Lexington KY 40503**

**IMPORTANT REMINDER, READ AND SIGN RELEASE ON THE OTHER SIDE.**

*For Membership Director's Use: Payment Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Payment Type: \_\_\_\_\_ Ck# \_\_\_\_\_.*

## GENERAL RELEASE

Each undersigned person hereby acknowledges that hazards are inherent in the sport of skiing and other activities participated in by club members and their guests, and hereby assumes all risks of injuries or damages incidental to such activities.

In consideration of the mutual benefits to be derived through joint participation by membership in the Lexington Ski and Sports Club, Inc. ("LSSC"), and the Ohio Valley Ski Council, Inc. ("OVSC"), in skiing, snowboarding and all other activities, each undersigned person does hereby release the LSSC and the OVSC, and the officers, directors, agents and members thereof, from liability for bodily injuries, property damage and all other claims arising out of or related to such activities or participation in such organizations, whether based upon intentional or negligent acts or omissions of any released party or anyone acting on behalf of a released party.

Any member or guest of the LSSC or the OVSC, attending an event or using the facilities or property of the LSSC or the OVSC, or providing facilities or property for use at any LSSC or OVSC event or function, does so at the member's or guest's own risk, and any such member or guest waives any and all claims against the LSSC and the OVSC, and the officers, directors, agents, and members thereof, arising in the course of such event or out of the use of such facilities or property.

MINORS: Each undersigned person, as parent, guardian or custodian of the minor children listed herein, for the consideration set forth above, does hereby further release the LSSC and the OVSC, and the officers, directors, agents, and members thereof, from liability for bodily injuries, property damage and all other claims sustained by such minor children, arising out of, or related to such activities or participation therein by such minor children. All undersigned persons furthermore, jointly and severally, shall indemnify the LSSC and the OVSC, and the officers, directors, agents, and members thereof, against, and hold them harmless from, liability of every sort to or with respect to such minor children.

POLICY STATEMENT: The LSSC reserves the right to terminate the membership of any member or refuse renewal thereof for reasonable cause, as determined by the Directors of the LSSC, including violation of Policies, Rules of Conduct and other regulations and orders issued by the Directors. In such event, the sole liability of the LSSC shall be the refund of the membership dues paid during the year.

I/we acknowledge that I/we have read the above General Release and Policy Statement, and I/we agree to be bound thereby, and as such may be revised from time to time.

**I have read the GENERAL RELEASE on this form. I understand it and will abide by the policy.**

**\*Required**

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

**\*Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_