



Aqua Skiers, Inc.
P.O. Box 412
Wisconsin Rapids, WI 54495-0412

AQUA SKIERS Membership Form

PLEASE PRINT LEGIBLY. (Use back side to list additional addresses, phone #'s and medical info)

Name	Date of Birth	E-Mail Address	T-Shirt Size
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Address _____ City/State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-Mail Address _____
 Parent(s)/Guardian(s) _____

Agreement to Participate: I understand waterskiing activities involve risk and possible injury, even paralysis or death. I understand that it is my responsibility as parent/guardian not to let my child or myself participate if I/we have any physical, emotional, or other problems that might compromise safe involvement. I understand that injuries can and do occur and that health insurance is a requirement along with USA Water Ski Insurance. *P/G Initial* _____

Release and Waiver: I, the undersigned, for myself, my heirs, personal representatives and assigns, hereby release and forever discharge the Aqua Skiers, Inc., its members, sponsors, officers, agents, servants and all persons volunteering their services for Aqua Skier sponsored activities, of and from any and all rights, claims, demands and actions whatsoever which I may have for any and all loss, damages or injury sustained by me or my personal equipment during any such Aqua Skier sponsored activities. *P/G Initial* _____

Photo Release: Photos/video footage of me and/or my minor children, listed above ___ **May** ___ **May not** be used for marketing and/or promotional purposes for the Aqua Skiers. *P/G Initial* _____

Emergency Medical Attention Authorization: If I am unable to authorize medical attention for myself or my minor children, I agree to let a club member (age 18 or over) authorize medical attention for me. Please list medical problems and/or medication that may affect medical treatment on the back of this form. *P/G Initial* _____
 I understand that nothing in this agreement shall relieve me of any financial responsibility arising from my child (ren's) use of Medical and/or Dental Care facility or the care provider. I hereby agree, in consideration of the services to be rendered to the above named child (ren), to be individually responsible to pay the account of the care facility and provider therefore in accordance with its regular rates and terms. *P/G Initial* _____

Aqua Skier, Inc. Codes/Volunteer Guidelines: I (we) have received and read the Aqua Skier codes and volunteer guidelines agreed to by the team. *P/G Initial* _____

Signature of Applicant/Parent or Guardian Date

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