



GOLDEN SPIKE SNOWMOBILE ASSOCIATION

MEMBERSHIP APPLICATION - \_\_\_\_\_ THROUGH \_\_\_\_\_  
(Indicate year, i.e 2009-2010)

**Annual Dues: Individual \$30.00 Family \$45.00**  
(Above dues includes USA membership dues - \$10.00 individual/family)  
**\*Children 18-22 must pay as an individual if not a full time student.**

New Member \_\_\_\_ Renewal \_\_\_\_

NAME \_\_\_\_\_ SPOUSE FIRST NAME \_\_\_\_\_

MAILING  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTH DATE (Month/Day) \_\_\_\_\_ SPOUSE BIRTH DATE (Month/Day) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CHILDREN'S FIRST NAME(S) AND BIRTHDATE(S) \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**I/We agree to abide by all G.S.S.A. rules and by-laws and have signed the waiver and release of liability on the reverse side of this form.**

SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Spouse) DATE \_\_\_\_\_

GOLDEN SPIKE SNOWMOBILE ASSOCIATION (G.S.S.A)

**Waiver and release of liability agreement**

In consideration of being permitted to participate in events sanctioned by the Golden Spike Snowmobile Association (G.S.S.A):

1. I, for myself, my heirs, personal representatives and assigns, hereby release, discharge, and agree to hold harmless and indemnity the G.S.S.A. I know the risk and danger to myself and property while upon said events or while participating or assisting in a sanctioned event, and I do so voluntarily and in reliance, not upon the property, equipment, facilities and existing conditions furnished by others, but upon my own judgment and ability, and I thereby assume all risk for loss, damage, or injury (including death) to myself, my minor child(ren), my guest(s) and property from any cause whatsoever and whether or not attributable to the negligence of others.

2. I hereby declare that to the best of my knowledge and belief, I, upon oath, state that all statements set forth in this application are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Applicant(s) Signature:

Witness (**Signature, printed name and address**)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MINOR'S RELEASE**

NOTICE, IF LESS THAN 18 YEARS OF AGE or under age of majority in state or province of applicant's residence, this application must bear the signature of a parent or legal guardian. Said signature shall acknowledge a waiver and release of any and all claims such parent or legal guardian may have. Further, said person declares under oath that they have read the foregoing waiver and release and indemnity agreement executed by the minor, and that he/she accepts the same in full and on behalf of the minor, him/herself, the minor's heirs, personal representative and assigns. I hereby declare under oath that the best of my knowledge and belief, all statements and information contain in the foregoing application are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Parent(s) or Legal Guardian Signature:

\_\_\_\_\_  
\_\_\_\_\_

Applications may be mailed along with payment to: **Lisa Kowalewski**  
**1794 N. 6250 E.**  
**Eden, UT 84310**