

MISSOURI DISABLED WATER SKI ASSOCIATION

WATER SKIER MEMBERSHIP FORM

Membership for Disabled Water Skiers in the Missouri Disabled Water Ski Association:

- YES! Please sign me up to be a member of the Missouri Disabled Water Ski Association at the membership rate of \$25. I understand that my membership fee goes toward the fees MDWSA pays for its club affiliation and water ski insurance coverage under USA Water Ski. All skiers receive a temporary USA Water Ski membership. A full active membership in USA Water Ski is \$70.

Name _____ Date _____

Address _____ State / Zip _____

Email _____

Phone _____ Cell/Work _____

As a member and participant in the MDWSA, I acknowledge and fully understand that I will be engaging in activities that involve risk or serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of the equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time. Participation in this program is at my own risk and I assume full responsibility for any injuries or damages that may occur to me or my equipment during or in transit to and from the activities/clinics/events. I understand it is my responsibility to inspect the venue and equipment to be used, and if anything is believed to be unsafe, I will immediately advise a staff member/coach/supervisor of such condition(s) and refuse to participate. In agreeing to participate, I hereby release, waive, covenant, and agree not to sue MDWSA and any of its agents, employees, coaches, officers, directors, volunteers, participants, administrators, or affiliates, and their heirs, legatees, successors, and assigns with respect to any claim, injury, occurrence, or damage which may further result from participation in the sponsored athletic programs, and do further indemnify and hold harmless the aforementioned persons and entities from any such claim, injury, occurrence, or damage.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it, and sign it voluntarily. It is also noted that the above personal information is current and correct.

PARTICIPANT

SIGNATURE _____ DATE _____

PARENT OR GAURDIAN

IF UNDER 18 YEARS OF AGE _____ *DATE* _____

Please return form and payment of \$25 to MDWSA to:

**MDWSA Water Ski
224 S. New Ballas Rd
St. Louis, MO 63141**

**Reach Vito Lucido at 636-458-2573 / email at vitolucido@sbcglobal.net
Reach Kevin Day at 314-378-8250 / email at kdayagi@aol.com**