



KENORA NORDIC TRAILS ASSOCIATION
TRAIL PASS AND MEMBERSHIP FORM



PLEASE PRINT CLEARLY AND FILL IN INFORMATION FOR EACH FAMILY MEMBER. ALL INFO REQUIRED FOR INSURANCE PURPOSES.

NAME OF SKIER	MALE/ FEMALE	DOB	ADDRESS	PHONE	E-MAIL	*COMPETITIVE OR RECREATIONAL	MEMBER OF JACKRABBIT PROGRAM Y/N

*COMPETITIVE INDICATES THAT THE SKIER MAY PARTICIPATE IN ONE OF MORE RACES IN THE MANITOBA SKI CIRCUIT.

KNTA USE ONLY

FEES: \$80 INDIVIDUAL OR \$135 FAMILY. Each person listed will have an individual Trail Pass Tag.
 Payment Received: cheque no. _____ or cash received _____ **OR PAID AT TILL** _____
 Sold by: _____ Date: _____
 KNTA DB LSSD DB CCSAM DB CARD MADE

CLUB INDEMNITY AND RELEASE OF LIABILITY

In consideration of Cross Country Canada, Lake Superior Ski Division, Cross Country Ski Association of Manitoba and Kenora Nordic Trails Association and Mt. Evergreen Ski Club's acceptance of me as a member of the Association, and my being permitted to partake in the Association's events, activities and games, I hereby, for me, my heirs, executors and assigns, forever release, discharge and hold harmless Cross Country Canada, Lake Superior Ski Division, Cross Country Ski Association of Manitoba, Kenora Nordic Trails Association and Mt. Evergreen Ski Club, its Directors, Officers, employees, representatives or agents.

I have read this release and accept its terms. **Signature:** _____ **Date:** _____
 Witness: _____ **Date:** _____