

**LEXINGTON SKI AND SPORTS CLUB, INC dba
LEXINGTON SKI AND SNOWBOARD CLUB/OVSC**

**APPLICATION FOR MEMBERSHIP
2026-27 Membership Year**

Membership is available to individuals 18 years of age or older.

***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:** _____/_____ Cell _____ Accept Texts Yes _____ No _____ Landline _____

Second Phone: _____ Cell _____ Landline _____

***Emergency Medical Contact:** _____ ***Phone:** _____/_____

***Please list other club members living in the same household:**

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

Annual dues are \$40 per person. Persons over 18 years of age must complete a separate application. Children under 18 living in the same household as member are free.

To pay by check: Make check payable to *Lexington Ski and Snowboard Club or LSSC*. Mail application, signed release form and check to the following address:
Lexington Ski and Snowboard Club Membership, C/O Charles Lisle, 642 Central Avenue, Lexington KY 40502

Optional Information:

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

Other: _____

IMPORTANT REMINDER, READ AND SIGN REQUIRED RELEASE FORM

For Membership Director's Use: Payment Date: ____/____/____ Payment Type: _____ Ck# _____

**LEXINGTON SKI AND SPORTS CLUB, INC. dba LEXINGTON SKI AND
SNOWBOARD CLUB/
OHIO VALLEY SKI COUNCIL, INC.**

GENERAL RELEASE

The 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. dba Lexington Ski and Snowboard Club ("LSSC"), and the Ohio Valley Ski Council, Inc. ("OVSC"), in skiing, snowboarding and all other activities, the 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: The 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. The undersigned person furthermore, 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 acknowledge that I have read the above General Release and Policy Statement, and I 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.

***Signature:** _____

***Date:** _____

***Required**