



**Application for membership 2005-2006**  
**Membership expires August 31, 2006**

\_\_\_\_\_ Date Received  
 (Club Use Only)

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> NGST & NGMS Employee  | <input type="checkbox"/> Renewal (from 2004-05)                    | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Associate (NG Retiree & Family)                                       | <input type="checkbox"/> New Member                                | <input type="checkbox"/> Female |
| <input type="checkbox"/> Limited Associate (Non-NG - must also complete the back of this form) | <input type="checkbox"/> Contact me about working for the Ski Club |                                 |

*Please PRINT all information*

\_\_\_\_\_ Last Name, First Name

I learned about the club from: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ City & State \_\_\_\_\_ Zip Code

\_\_\_\_\_ E-mail address

\_\_\_\_\_ Area Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Birth date

**Agreement and Release from Liability**

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to the "SEA Ski Club" (the "Activity") at the premises of NGST Inc., located at One Space Park, Redondo Beach, CA 90278. **RELEASE** As consideration of being permitted by NGST or one of its affiliated organizations to participate in these activities and use its facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of NGST or any of its affiliated organizations for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of NGST or any of its affiliated organizations as a result of my participation in the Activity. I hereby release NGST and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activity. **KNOWING & VOLUNTARY EXECUTION** I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and NGST and/or its affiliated organizations and sign it of my own free will.

Executed at \_\_\_\_\_, California, on \_\_\_\_\_, 20\_\_\_\_. **RELEASOR** \_\_\_\_\_

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**NGST & NGMS & Associate (Retired) Members**

\_\_\_\_\_ Badge Number \_\_\_\_\_ CCC

\_\_\_\_\_ Mail Station

\_\_\_\_\_ Work Phone

**Limited Members (non-NG)**

\_\_\_\_\_ Work Phone

\_\_\_\_\_ Extension

*Must also complete Proof of Insurance on back of this form*

**SEA Ski Club Membership Dues (make checks payable to: TRWSC Ski Club)**

\$10.00	NGST & NGMS Employee	_____
\$15.00	Associate (NG Retiree)	_____
\$20.00	Limited (Non-NG)	_____
\$ 5.00	Family (adds to above fee for spouse & children)	_____
	<b>Total</b>	_____

Family Members Name	Sex	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Mail To:** TRWSC Ski Club • P. O. Box 1236 • Manhattan Beach, CA 90267-1236 or: SEA Ski Club S/1156 (by company mail)

# SEA Ski Club

## Agreement and Release from Liability

This form must be filled out in order to become a member of the SEA Ski Club. NG Family members need only fill out the upper half; non-NG employees **MUST** also fill out the lower half.

### Family Member(s)

In consideration of my participation in the SEA Ski Club and any and all of its events, I/we:

Printed Name(s)

\_\_\_\_\_

\_\_\_\_\_

acknowledge that I/We have voluntarily applied to "SEA Ski Club" (the "Activity") at the premises of NGST Inc., located at One Space Park, Redondo Beach, CA 90278. **RELEASE:** As consideration of being permitted by NGST or one of its affiliated organizations to participate in these activities and use its facilities, I/We hereby agree that I/We, my/our assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of NGST or any of its affiliated organizations for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of NGST or any of its affiliated organizations as a result of my participation in the Activity. I hereby release NGST and any of its affiliated organizations from all actions, claims, or demands that I/We, my/our assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activity. **KNOWING & VOLUNTARY EXECUTION:** I/We have carefully read this agreement and fully understand its contents. I/We am/are aware that this is a release of liability and a contract between NGST and its affiliated organizations and/or me and sign it of my/our own free will. Executed at \_\_\_\_\_, California, on \_\_\_\_\_, 20\_\_\_\_\_.

**RELEASOR:** \_\_\_\_\_ **RELEASOR:** \_\_\_\_\_

**RELEASOR:** \_\_\_\_\_ **RELEASOR:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

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### Limited Associate Member Proof of Insurance

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employment Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_