

SKIBACS 2008-09 Membership Form

Please Print, filling out appropriate sections. For more information, call SKIBACS at (206)227-6201 or BOEING Recreation at (206) 655-1941. Please make check payable to SKIBACS and send to MS 4H-58 or mail to PO Box 3707, MS 4H-58, Seattle, WA 98124

Office Use

Last Name	First Name	MI
Address		Gender
City ()	State ()	Zip
Home Phone	Work Phone	Mail Stop
Preferred Email Address (Boeing or Non-Boeing) Please do not email me.		BEMS ID#
Clock Number		
Budget Number		

Membership Type

New Membership Renewal
 Family (\$30) Single (\$24) Retiree (\$15)

Former Boeing employees and immediate family members of current Boeing employees are eligible for Associate Membership.

Associate Single (\$24) Associate Family (\$30)

Family Membership

Names of Eligible Family Members (Spouse and Dependent Children ONLY)

Last Name	First Name	MI	Date of Birth (MM/YY)	Relationship

Please Check Activities Which Interest You

Alpine Snowboarding Cross Country
 Ski/Snowboard School Trips Racing
 Crystal Lodge Social Activities
 Family Activities Singles Activities

If this is a new membership & you are being sponsored by a current member:

Sponsor's Name

Sponsor's Membership #

Skibacs Release

I state that I wish to participate in courses and/or activities offered by SKIBACS, a Boeing Recreation Club. I recognize that any SKIBACS activities may involve certain dangers, I certify that I am aware of all of the inherent dangers of snow sports (downhill and cross-country skiing, and snowboarding), including but not limited to falls due to ice, inexperience or snow or terrain conditions, racing, racing in remote locations, accidents, or illness in remote areas without medical facilities, vehicle shuttling, the forces of nature, and the action of participants and other persons.

In consideration for the right to participate in SKIBACS activities, I hereby release SKIBACS and its instructors and members, and The Boeing Company from any and all liability, claims and causes of action arising out of or in any way connected with my participation in any SKIBACS activities. I personally assume all risks in connection with these activities, and further agree to indemnify SKIBACS and its members and instructors and the Boeing Company of all liability, claims and causes of action which I may have arising from my participation in club activities. The terms of this agreement will serve as a release and indemnity agreement for my heirs, personal representative and for all members of my family, including any minors (Parents of legal guardians must sign for all persons under eighteen (18) years of age.) I qualify for SKIBACS membership by virtue of being: a Boeing employee/vendor/contractor, a Boeing retiree, a former Boeing employee, or an immediate family member of a current Boeing employee.

I have fully informed myself of the contents of this release and indemnity by reading it before I signed it.

Signed: _____ Date: _____

Boeing Recreation

Associate Membership Application

Club: _____

Membership Year: _____

Name of Associate Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Qualification: _____ Immediate Family Member* _____ Former Boeing Employee**

*Please indicate relation to member

____ Father ____ Mother ____ Sister ____ Brother ____ Non-Dependent Child

**Former Boeing Employees are defined as those who either voluntarily terminated their employment or individuals who were previously employed by the company and terminated as a result of reduction in force. In addition, they must have been employed by the company and been active members of the club for which they are seeking associate membership for a minimum of 3 consecutive years immediately prior to their application for associate membership. Former employees must provide evidence of their termination status such as a copy of their resignation letter or a copy of their reduction in force notice prior to approval of their associate membership. This should accompany this application for associate membership.

If immediate family member, please indicate the sponsoring qualified member

Sponsoring Qualified Member: _____

Work Phone of Sponsor: _____

I agree to comply with all rules, by-laws and standards established for the safety and well being of the members of the Recreation Clubs.

Signature of Associate Member: _____

Please make a copy for club file and send original to Recreation, 4H-58