## Sports and Activities SKITRAX SKI CLUB MEMBERSHIP APPLICATION

The Skitrax Ski Club supports Abbott / AbbVie employees, retirees, their families, and friends in skiing and snowboarding. Participation is voluntary and for participants' entertainment. Membership is needed for club activities, but active participation is optional. PLEASE PRINT.

Name					_
Home Address					
	Street	City	State	Z <b>I</b> P	
E-mail address: _		Phone (Mobile)			
	email address is ne	eded to receive club announcements and trip info			_
	I primarily enjoy: (Check all that apply)	☐ Alpine (Downhill) Skiing ☐ Snowboarding ☐ Nordic (Cross-Country) Skiing			

## **Sports and Activities Program Guidelines and Standards**

Sports & Activities has a history and culture of employee involvement in a variety of activities. Participation in Sports & Activities is voluntary.

As a part of Abbott, Sports & Activities has a responsibility to maintain the same ethical principles and standards outlined in Abbott's Code of Business Conduct and supporting policies/procedures. Therefore, employee involvement necessitates compliance with conduct appropriate of an Abbott employee. The following are ethical/behavioral standards that specifically apply to the function of Sports & Activities. Employees violating these standards will be given an opportunity to defend and/or apologize for inappropriate behavior, and may incur possible disciplinary action. Participants shall adhere to the following rules:

- A) Speech. During participation in Abbott-sanctioned activities, the use of vulgarity, or inappropriate language of any kind, is prohibited.
- **B)** Alcohol. Consumption of alcohol is prohibited on Abbott property, or where prohibited by law or policy of the property owner or manager (e.g., park district fields). While participating in off-premise company sponsored events where alcoholic beverages are served, participants are required to take reasonable measures to assure individual and public safety. (Refer to Abbott policy C110)
- **C)** Good Sportsmanship. In the normal function of Abbott activities, good sportsmanship, fair play and courtesy are required.
- **D)** Honesty. In all functions of Sports & Activities, employees are expected to be honest and fair. Reporting of scores, use of company property, and use of rented facilities/equipment should reflect the same high standards with which Abbott conducts its daily business. Club officers must exercise integrity in the use of club funds. Abbott policy prohibits the use of activity funds for personal use.

SEE REVERSE SIDE

Participant Hold Harmless Agreement: I understand that all Abbott recreational activities, including the Skitrax Ski Club, are voluntary and are conducted solely for the benefit or entertainment of participants. I hereby assume full responsibility for all damages, injuries and/or losses of personal property to me and/or my minor son/daughter listed below, while participating in Skitrax Ski Club activities, and that Abbott Laboratories assumes no responsibility in whole or in part, for any injury, loss or damage incurred as a result of participation in the activities of the Skitrax Ski Club. I certify to my best knowledge that I am not aware of any reason, medical or otherwise that would prevent me and/or my minor son/daughter listed below from participating in Skitrax Ski Club activities or exercises. I am aware that I should consult a physician before any type of physical activity.

**Annual Membership Fees** Zelle (preferred payment method to debzierk@msn.com) or check payable to SkiTrax Ski Club Individual - \$20/person Family (includes spouse/partner & dependent children under 18) - \$25/family Primary Member Printed Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ **Additional Participant Select one:** 

Spouse/Domestic Partner ☐ Son/Daughter (Parent/guardian sign below if under 18) Age of Son/Daughter\_\_\_\_\_ Printed Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Additional Participant Select one: 

Spouse/Domestic Partner ☐ Son/Daughter (Parent/guardian sign below if under 18) Age of Son/Daughter Printed Name: \_\_\_\_\_\_ Signature: Additional Participant Select one: 

Spouse/Domestic Partner ☐ Son/Daughter (Parent/guardian sign below if under 18) Age of Son/Daughter Printed Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Please tell us your preference for sharing your information with other club members. ☐ Please **do not** share my information. ☐ Please share my home address ☐ Please share my email address ☐ Please share this phone number Please tell us your preference for receiving & sharing information about club activities. ☐ Email ☐ Social Media, i.e. Private Facebook group ☐ Both Email & Private Social Media Group Return form to: debzierk@msn.com (Adobe Acrobat Reader allows you to add information & sign form electronically)

Or mail to Deb Zierk – 3607 13th St. Kenosha, WI 53144