

WEST CANADA CREEK ASSOCIATION

Membership application and renewal

Dues for 2017

\$20.00 Single Membership

\$40.00 Family membership, Parents and children under 16

\$10.00 Active Duty/Disabled

Member Name _____

Member Address _____

Phone _____

Email _____

Other family members _____

Are you a member of the NRA () Yes () No

Are you a member of the New York State Rifle and Pistol Assn () Yes No ()

Please send membership form with payment

Cash_____ Check_____

To: West Canada Creek Assn

P.O. Box 200

Newport, NY 13416

Please include your email address, it helps with mailing costs.

Is consideration of being allowed to participate in any way in the West Canada Creek Assn program, its related events and activities ,_____ the undersigned acknowledge, appreciate, and agree that

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS ,both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE INDEMNIFY AND HOLD HARMLESS THE WEST CANADA CREEK ASSOC_____ (please initial.)

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Signature _____ Age ____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases and, for myself, my child and our heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement of participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law

Parents/Guardians Signature X _____

Print Name _____

Date _____