

MICHIANA ROCKETRY

Academic Group Membership Form



Date : _____

Academic Group / Team Name : _____

Mentor Name : _____

Address : _____

Phone (_____) : _____ Date of Birth : _____

E-Mail : _____

TRA Member Yes No # : _____ Expiration Date : _____

NAR Member Yes No # : _____ Expiration Date : _____

Certification Level : _____

I hereby agree to all regulations, safety codes, and rules in effect at events held by Michiana Rocketry. This includes but is not limited to the regulations, safety codes, and rules of Michiana Rocketry, Tripoli Rocketry Association (TRA) and the National Association of Rocketry (NAR). By signing this document I agree to waive, dismiss and discharge my right to hold the Michiana Rocketry BOD, Michiana Rocketry, all members, TRA, and NAR from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity. Additionally I agree to indemnify, hold harmless and promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signed _____

Academic Group Memberships extends for 12 months from the starting month of the membership and covers the membership fees for the Academic Group / Team mentor and the members of the Academic Group / Team.

**Each Academic Group / Team must have its own Academic Group / Team membership. **

We accept Cash or Make checks payable to **Michiana Rocketry** - Join/Pay at any club function

Academic Group / Team Membership - \$30