

## FCC NEW MEMBERSHIP APPLICATION

**Please write legibly and complete all sections. Failure to do so may delay membership.**

**\*\*\* New Membership Cards, once approved, will be at the bar unless a self-addressed envelope is provided.**

Date Completed:	Employee Accepting Application:
<b>Sponsoring Member MUST SIGN below:</b>	
Member Name:	<b>SPONSORING MEMBER must complete this section for all prospective <u>NEW MEMBERS</u>:</b>
Mailing Address:	
City, State, Zip	Sponsoring Member:
Cell Phone:                      Home Phone:	Contact Number:
Email Address:	Email Address:
<input type="checkbox"/> check box if you want newsletter sent electronically	<b>My Signature below is testament to this NEW MEMBERS good character and benefit to our organization:</b>
Member Signature:	Sponsor Signature:

### RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Franklinville Conservation Club, INC. program, its related events and activities, I \_\_\_\_\_, the undersigned Participant, acknowledge, appreciate and agree that:

1. The risk of injury from activities in this program is significant, including the potential for permanent paralysis and death, and while in 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 participation and bring such to the attention of the Franklinville Conservation Club, Inc., 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 FRANKLINVILLE CONSERVATION CLUB, INC., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH REPECT TO ANY AND ALL INJURY, DISABILITY DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**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.**

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
*Date Signed*

**For Parents/Guardians of Participants of Minority Age (Under age 18 at time of registration)**

This certifies 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 Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these Programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
*Date Signed*

Revised 1/2021

FOR OFFICE:  Card Mailed     Card at Bar    Date Voted into Membership \_\_\_\_\_