



Evergreen
CURLING CLUB

**Membership Application
And
Fall 2009 League Fees**

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

Note: your contact information will only be used for club communication purposes, and will not be made available to anyone outside of the club without your permission.

ECC Membership: Includes Membership to United States Curling Association

Adult:
\$65.00

Junior: \$39.00
(Born on or after 7/1/1988)

Membership Subtotal: \$

Fall League Fees: Participation in regular weekly league play

	<i>Early Draw</i>	<i>Late Draw</i>	<i>Both Draws</i>
Tuesday Evening: 9 weeks – 7 week league w/2 week playoff. October 20 - December 15. Early 6:45pm Start Late 8:35 pm Start	_ Adult <input type="checkbox"/> \$180.00	_ Adult <input type="checkbox"/> \$180.00	_ Adult <input type="checkbox"/> \$360.00
	_ Youth <input type="checkbox"/> \$90.00	_ Youth <input type="checkbox"/> \$90.00	_ Youth <input type="checkbox"/> \$180.00
Sunday Evening: 9 weeks - 7 week league w/2 week playoff. October 11 Through December 13 (no draw on November 15) 6:30 pm	_ Adult <input type="checkbox"/> \$180.00	-	-
	_ Youth <input type="checkbox"/> \$90.00	-	-

Be sure to indicate which draws you want to join by checking the boxes above!

Please note your level of curling experience

≤ 1 year

2-5 years

5+ years

Also, if you would like to play with a certain skip or other member, please include their name/names:

League Fees Subtotal: \$

\$

Total Membership and League Fees: \$

Please mail this form, the "Release of Liability" form and your payment by check to Evergreen Curling Club attn. Steve Talley, P.O. Box 12162, Portland, OR 97212.

Make checks out to "Evergreen Curling Club". Receipts issued upon request.

For office use: Received on (date)

Check No.

Cash

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING and PRINT LEGIBLY

In consideration of being allowed to participate in any way in the Evergreen Curling Club program, its related events and activities, I _____, 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 participation and bring such to the attention of the Club 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 EVERGREEN CURLING CLUB, THE LLOYD CENTER ICE RINK AND/OR THE MOUNTAIN VIEW ICE ARENA, 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 RESPECT 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.

x _____ Age (if under 18): _____
PARTICIPANT'S SIGNATURE Date Signed: _____

Postal address _____

Telephone. # _____ Email address: _____
(We will not distribute your addresses)

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

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 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.

x _____ (print name) _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE

Postal address _____

Telephone. # _____ Email address: _____
(We will not distribute your information outside the club)