



**Evergreen**  
CURLING CLUB

**Membership Application  
And  
League Registration**

Name:		
Address:		
City:	State:	Zip:
Phone: Cell: <input type="checkbox"/> Home: <input type="checkbox"/>	Email:	
Gender: Male Female Circle One	Date of Birth: <small>*Required if 21 or younger</small>	
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.		
Please check your level of curling experience: ≤ 1 year <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/>		

<b>ECC Membership:</b> Includes Membership to USCA and MoPac (more information visit our website) Membership is required to participate in a league. Contact <a href="mailto:Membership@evergreencurling.com">Membership@evergreencurling.com</a> for questions.		
	Adult: <input type="checkbox"/> \$65.00	Junior: <input type="checkbox"/> (Age 21 & younger) \$39.00
<b>½ Year available after Dec 15<sup>th</sup></b>	Adult ½ Year: <input type="checkbox"/> \$39.00	Junior ½ Year: <input type="checkbox"/> (Age 21 & younger) \$27.00

<b>League Fees:</b> Participation in league requires your help to set stones at noon day of curling! Payment will reserve you a space, space is subject to change pending registrations.			
Please indicate below if you would like to sign up for multiple leagues, or offer a second choice if your first choice is not available. All league options are available on our website: <a href="http://www.evergreencurling.com/">http://www.evergreencurling.com/</a>			
<b>League Season</b> Circle One	Fall	Spring	Winter Summer
<b>League Title</b> See website for available leagues Example: Tuesday 6:30, second choice Tuesday 8:30			
<b>Price</b> See website for exact pricing, <a href="http://www.evergreencurling.com">www.evergreencurling.com</a>			
<b>Indicate team members you wish to curl with:</b> This does not guarantee team member's placement into league.			
League Fees:	\$		
Membership Fees:	\$		
Total Fees:	\$		

Please mail this form, the "Release of Liability" form and your payment to:  
(checks payable to "Evergreen Curling Club")

Evergreen Curling Club attn. Treasurer  
P.O. Box 12162  
Portland, OR 97212

For office use: Received on (date)	Check No.	Amt
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# 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 \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (print name) Date Signed: \_\_\_\_\_

Postal address \_\_\_\_\_

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