

GRAND FORKS



CLUB, Inc.

Box 5134

Grand Forks, ND 58206-5134

Name: \_\_\_\_\_

Member Type: Regular College High School Social

Gender: M or F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_

New City: \_\_\_\_\_

ST: \_\_\_\_\_ Zip: \_\_\_\_\_

New ST: \_\_\_\_\_ New Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_

New Main Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

New Wk Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

New Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

New E-Mail: \_\_\_\_\_

AGE CATEGORY (check one): \_\_\_\_\_ Under 14 \_\_\_\_\_ 14-21 \_\_\_\_\_ 22-49 \_\_\_\_\_ 50 and over

Membership Fee: \$195.00 **STEP 1**

League Fees: Check all that apply - - - EACH League Fee is \$40

- Monday Men
- Tuesday Women
- Wednesday Open 4pm
- Wednesday Men
- Thursday Open
- Other \_\_\_\_\_

Total # of Leagues x **\$40** **STEP 2**

Member Type Calculation: - - - percent times the total of STEP 3 **STEP 1 + STEP 2** **STEP 3**

<input type="checkbox"/> Regular Member	- - - - -	100% x STEP 3
<input type="checkbox"/> College Member	<input type="checkbox"/> High School Student	50% x STEP 3
<input type="checkbox"/> Social Member	<input type="checkbox"/> New Curler	50% x STEP 3

**STEP 4**

Locker # \_\_\_\_\_ Rental (\$50 per year) **STEP 5**

Club Key Code \$10 per year Contact Dan Lindgren **STEP 6**

BLDG/MAINTENANCE DONATION:  \$50  \$100  \$150  Other **STEP 7**

**STEP 4 + STEP 6 + STEP 7** **STEP 8**

Do you want to pay with Credit Card? If so, add a Service Fee of 3% of STEP 8 (or STEP 0) Confirmation of EMAIL address is required. **STEP 9**

**\*\* PAYMENT IS DUE in full DECEMBER 1, 2019\*\***

**If fees are outstanding after the due date, the member's entire TEAM IS NOT ALLOWED to continue playing league games until dues are paid in full.**

GRAND TOTAL **STEP 8 + STEP 9** **STEP 10**

Signature of Curler

For Treasurer's Records

Name: \_\_\_\_\_ Tot Due: \_\_\_\_\_

Amt Paid: _____	Dt Pd: _____	Cash	CK	CC
Amt Paid: _____	Dt Pd: _____	Cash	CK	CC
Amt Paid: _____	Dt Pd: _____	Cash	CK	CC

For those planning on entering playdowns, for state and national events, your dues must be paid in FULL before CLUB PLAYDOWNS.

The Grand Forks Curling Club does NOT carry medical or accident insurance for participants.



**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Grand Forks 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 THIS NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willing agree to comply with the stated and customary terms and conditions for participation. I, 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 Grand Forks Curling Club immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE, IMDEMNIFY, AND HOLD HARMLESS THE GRAND FORKS CURLING CLUB, 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: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT’S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(Under age 18 at the 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 of participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

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