



Serving the Snoqualmie Valley Region

Snoqualmie Valley Amateur Radio Club
c/o Carnation-Duvall Citizen Corps Council
PO Box 644
Carnation, WA 98014

Membership Application

Name: _____ Call: _____
Address: _____ Class: _____
City: _____ State: _____ Zip: _____
Phone: _____ ARRL Member - Yes: _____ No: _____
email: _____

Annual Membership Fee: Full Membership- \$20.00 (Primary Member)
Family Membership- \$30.00 (Primary member plus spouse/domestic partner
and any dependants living at the same residence)

Release and Indemnity Agreement

I state that I wish to participate in activities offered by the Snoqualmie Valley Amateur Radio Club (CLUB). I recognize that any club activities may involve certain risks. I certify that I am aware of the risks involved in this activity, including but not limited to, the actions of any other club member, any participants or any other persons all of which may result in personal injury, death, property damage, and other losses.

IN CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN CLUB ACTIVITIES, I HEREBY RELEASE THE CLUB AND ITS INSTRUCTORS AND MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSE OF ACTION ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN ANY CLUB ACTIVITY. I PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THESE ACTIVITIES, AND FURTHER AGREE TO INDEMNIFY THE CLUB AND ITS MEMBERS AND INSTRUCTORS FROM ALL LIABILITY, CLAIMS, AND CAUSES OF ACTION WHICH I MAY HAVE ARISING FROM MY PARTICIPATION IN CLUB ACTIVITIES, THE ITEMS OF THIS AGREEMENT WILL SERVE AS A RELEASE AND INDEMNITY AGREEMENT FOR MY HEIRS, PERSONAL REPRESENTATIVE, AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING MINORS.

I further state that I am eighteen (18) years of age or older and legally competent to sign this release, that I understand these terms are contractual and not a mere recital, and that I have signed this document of my own free will. Parents or legal guardians must sign for all persons under eighteen (18) years of age.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS MEANING BEFORE I SIGNED THIS CONTRACT.

Name: _____ Date: _____
Guardian: _____ Date: _____