



2010 Membership Form
Annual Dues \$20.00

NAMES: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please completely fill out & sign this form. Return with your check payable to:
Lake Superior Corvette Club 1760 Altamont St. Marquette Mi. 49855

LSCC window clings are available free of charge to all members. Please tell us if you would like one.

\*\*\*\*\*Completed Liability Waivers Must Be Signed Before You Participate in 2010 LSCC Events\*\*\*\*\*

Release and Waiver of Liability and Assumption of Risk Agreement

FOR ALL LAKE SUPERIOR CORVETTE CLUB (LSCC) EVENTS

(Includes any and all events with other clubs and organizations)

Read carefully before signing:

IN CONSIDERATION of being allowed to participate in any way in any LSCC event, road tour, gathering or assembly:

- 1.) I understand that:
a.) Participation in any event involves RISK AND DANGERS, as does any roadway vehicular activity, of serious BODILY INJURY, including PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS");
b.) The SOCIAL AND ECONOMIC LOSSES and/or damages which could result from those risks COULD BE SEVERE;
c.) These risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;
d.) There may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time.
2.) I ACCEPT SUCH RISKS AND RESPONSIBILITIES FOR THE LOSSES AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, even if caused, in whole or in part, by the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
3.) On behalf of myself, my executors, administrator, heir and next of kin, I HEREBY DISCHARGE AND COVENANT NOT TO SUE the LSCC promoters, participants, officials, board members, car owners, drivers, crew members, rescue personnel, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), and event inspectors, underwriters, consultants, and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents, and employees, all for the purposes herein referred to as "Releasees", FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S).

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

WE REPRESENT THAT I AM/WE ARE AT LEAST 18 YEARS OF AGE.

Signature Owner/Driver Date

Signature Owner/Passenger Date