

# Annapolis Community Boating Membership Form 2012

**Membership Type (check one)**

Individual - \$150.00

Family - \$225.00

**Make Check Payable to:**

**Annapolis Community Boating**

**Complete application and mail with check to:**

**Annapolis Community Boating P.O. Box 4367 Annapolis, MD 21403**

Please Print Clearly and Completely – one name (as it is to appear in directory) and one phone number per line.

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

Co-Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Co-Applicant

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Co-Applicant E-mail: \_\_\_\_\_

What will you participate in?  Monday Night Sailing  Tuesday Night Racing  Wednesday Night Paddles  
 Water Trail Journey's

Please include family members and age if getting a Family Membership:

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## WAIVER OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

### WAIVER OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

Whereas I / we, as stated above recognize that Annapolis Community Boating, Inc., also referred herein as ACB, is a not-for-profit organization whose primary purpose is the promotion of boating, both recreational and competitive for the benefit of its members, and their guests, and Whereas, I understand that some of the ACB sponsored activities may pose a danger to my health or safety, from accidents and unforeseen hazards, I never-the-less freely and voluntarily undertake the risks involved in such activities and agree to release and hold harmless from any and all liability for my death or injury, or injury to or loss of my personal property, Annapolis Community Boating, Inc., its officers, Board of Directors, collectively as well as individually, and activity leaders. Further as a condition for being allowed to participate in an Annapolis Community Boating, Inc. event between Jan 1, 2011 and Dec 31, 2011, I agree that I shall not bring suit against Annapolis Community Boating, Inc., its officers, Board of Directors or the leaders of any activity for any of the above mentioned losses to me. I also accept as my continuing responsibility the duty to acquaint myself with the hazards and physical demands upon my person which may be required of me during these activities. If at any time during the activity, I feel that I am not capable of successfully undertaking a particular activity I shall not attempt that activity.

**I HAVE READ THE FOREGOING DOCUMENT AND AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS SET FORTH HEREIN WHILE PARTICIPATING IN THIS ACTIVITY.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_