



SALTY DOG SAILING CLUB INC.

(a nonprofit organization)

Application for Membership or Renewal and Waiver of Liability

(Please Print)

Instructions: This form must be completed EACH year by all renewing members and new persons who are applying for membership. Please complete both pages. Persons applying for a couple's membership must live at the same address. Fill out only one form per couple - both sides. For questions call Diana Bliss at 303-424-7841.

Note: Membership is subject to approval by the Board of Directors. For renewing members, fill in only new information and sign & date both pages. **Make checks payable to Salty Dog Sailing Club. No credit cards. Do not mail cash.**

Member Information				Spouse/Companion Member Information					
Name				Name					
Address Apt #				Address Apt #					
City	State	Zip		City	State	Zip			
Home Phone		Cell Phone		Home Phone		Cell Phone			
Work Phone		Preferred contact # -mark 1-2-3 <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		Work Phone		Preferred contact # -mark 1-2-3 <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work			
E-mail				E-mail					
<input type="checkbox"/> Personal e-mail <input type="checkbox"/> Family or friend's e-mail <input type="checkbox"/> I have no e-mail access		New member only: T-shirt size		<input type="checkbox"/> Personal e-mail <input type="checkbox"/> Family or friend's e-mail <input type="checkbox"/> I have no e-mail access		New member only: T-shirt size			
Sailing Experience <input type="checkbox"/> none <input type="checkbox"/> some <input type="checkbox"/> experienced <input type="checkbox"/> Captain's License				Sailing Experience <input type="checkbox"/> none <input type="checkbox"/> some <input type="checkbox"/> experienced <input type="checkbox"/> Captain's License					
Sailboat Ownership									
<input type="checkbox"/> Yes <input type="checkbox"/> Why Buy <input type="checkbox"/> One available <input type="checkbox"/> No				Boat Name					
Make	Length	Sail #		Mooring/stored at		Will Trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Membership Dues* and Agreement									
Single <input type="checkbox"/> New (\$45) <input type="checkbox"/> Renewal (\$40) <input type="checkbox"/> Early Renewal (\$35)**				Couple <input type="checkbox"/> New (\$85) <input type="checkbox"/> Renewal (\$75) <input type="checkbox"/> Early Renewal (\$70)**					
Referred by: <input type="checkbox"/> Member /who? _____ <input type="checkbox"/> Boat Show <input type="checkbox"/> Website <input type="checkbox"/> Brochure /from? _____ <input type="checkbox"/> Victoria Sailing School <input type="checkbox"/> Other _____									
* Membership dues apply for January 1 to December 31. Membership dues received after October 15 will be applied to the next year. ** Early renewal discount applies October 15 to December 31 to current members only who join for the next consecutive year.									
I/we hereby apply for membership or renewal in the Salty Dog Sailing Club Inc. Once approved for membership or renewal, I /we agree to abide by the Articles of Incorporation, the Bylaws and Policies/Financial Guidelines of the Salty Dog Sailing Club Inc. and, while on the water, the instructions of the boat Captain. I /we understand that if I/we do not comply with the Articles of Incorporation, Bylaws and Policies/Financial Guidelines or the instructions and rules of the boat Captain, my/our membership may be revoked or not renewed.									
Member Signature				Date	Spouse/Companion Signature				Date

Mail to: **Diana Bliss / Salty Dog Membership 7069 Xenon Court, Arvada, CO 80004**

For Office Use Only

Cash/Ck # _____ Amt \$ _____ Date _____
 Bylaws e-mail mail Date _____
 Policies/Financial Guidelines e-mail mail Date _____
 Boat Owner credit: No Yes/ Amt \$ _____
 Received T-shirt / size(s) (1) _____ / (2) _____ Date _____
 Boat information to OTW Coordinator _____
 E-mail to editor _____ Dues to Treasurer _____

Waiver of Liability, Agreement not to Sue and Release of Claims

Note: Emergency contact listed below MUST be a non-club member. (Spouse will automatically be contacted if a member.)

(Please Print)

PERSON TO NOTIFY in case of accident or emergency.				(Renewals: write SAME if no changes)		
Emergency Contact For Member			Emergency Contact For Spouse/Companion Member			
Name		Relationship		Name		Relationship
Address		Apt #		Address		Apt #
City	State	Zip		City	State	Zip
Home Phone		Cell Phone		Home Phone		Cell Phone
Work Phone		Preferred contact # -mark 1-2-3 <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		Work Phone		Preferred contact # -mark 1-2-3 <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work

NOTE: This document waives important and valuable legal rights. Read it carefully. Salty Dog Sailing Club Inc. recommends that you consult legal counsel before signing. Resolve any questions you may have concerning the legal effect of this document BEFORE SIGNING.

I/we, _____ Spouse/Companion _____ am/are at least 18 years of age and I/we are aware that water sports are inherently hazardous activities. I/we are voluntarily participating in these activities and any other functions and/or instruction of the Salty Dog Sailing Club Inc. (here after known as SDSC Inc.) I/we have knowledge of the danger involved, and hereby agree to accept and assume any and all risks of injury, death, or property damage and take sole responsibility for my/our own safety, that of my/our children under the age of 18 (if a designated family event) and my guests (who must sign their own waiver in order to participate) at all times.

I/we agree that I/we will not sue, or otherwise make any claim or demand against SDSC Inc., its officers, directors, boat owners, members, instructors, employees, agents, guests, activities directors or coordinators, or volunteers, for injuries, death, damage or property damage resulting from any cause whatsoever, including the negligence of any officer, director, board member, employee, agent, guest, boat owner, member, instructor, activity director or coordinator and/or other person as a result of my participation in any SDSC Inc. activities.

I/we understand and agree, that the payment of fees or costs to SDSC Inc., or other members for functions or activities of SDSC Inc. is intended to defray SDSC Inc. and/or its members expenses, and does not constitute payment for services or products. I/we acknowledge that membership dues and other fees and costs imposed by SDSC Inc. are established in material part in reliance on members' execution of this document and on its validity, legal effect and enforceability.

I/we also hereby release and discharge SDSC Inc., its officers, directors/board members, boat owners, members, instructors, employees, agents, guests, activities directors, coordinators, and volunteers, from all actions, claims, or demands, for myself/ ourselves, my/our heirs or personal representatives, for death, injuries, damage or property damage resulting from my/our participation in any of the above activities resulting from any cause whatsoever, including the negligence of any officer, director/board member, boat owner, member, instructor, employee, agent, guest, activities director or coordinator and/or any other person.

I/we have carefully read this document and fully understand its contents. I/we have either consulted legal counsel as to its legal effect or have knowingly elected not to seek such counsel. I/we am/are aware that this is a total relinquishment of material rights I/we may have with respect to SDSC Inc., its officers, directors/board members, boat owners, members, instructors, employees, agents, guests, activities directors or coordinators and other persons. The terms of this instrument shall also be binding as to any other persons, or members of my family, including any minors, guests, or any other person who might make a claim or demand related to my having participated in and SDSC Inc. activity, as well as my/our heirs, successors and assigns.

I/we sign this of my/our own free will. I/we attest that I/we have no physical impairment that would interfere with any SDSC Inc. activity. * _____ (initial) Primary Member * _____ (initial) Spouse/Companion

Signature of Primary Member _____ Date _____

Signature of Spouse/Companion _____ Date _____