



# Membership Application

\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_

Children's Names (under 18 years of age)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number(s) H \_\_\_\_\_ C \_\_\_\_\_

Email Address #1 \_\_\_\_\_ #2 \_\_\_\_\_

## ***Yearly membership dues, please mark the appropriate box***

Individual adult member \$45 ( )

Couple, with children under 18 years old, living in home \$65 ( )

An adult, 18 years & older, living at home and joining with Parents + \$15 ( )

Single adult, plus an adult child living at home \$60 ( ) + \$15 for each additional child

Youth member, 12 to 17 years old, not joining with family \* - \$15 ( )

*\*parents signature needed on Hold Harmless and Indemnity form.*

Make checks payable to: South Weber Model Railroad Club "SWMRRC"

Total Paid \_\_\_\_\_ Date \_\_\_\_\_ Check \_\_\_ Cash \_\_\_ Received by \_\_\_\_\_

Approved by \_\_\_\_\_ DATED \_\_\_\_\_

***A signed "Hold Harmless and Indemnity" form must accompany this application. (OVER)***

# Hold Harmless and Indemnity

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As consideration for being allowed to participate in:

**The South Weber Model Railroad Club**, Dated \_\_\_\_\_

I understand and acknowledge that riding on a 1/8 scale train, I am at serious risk including the risk of serious injury or death. I, we, my/our heirs, executors and administrators, remise, release and forever discharge **South Weber Model Railroad Club** and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from my participation in the above noted event and further agree to hold harmless and indemnify the above for any and all claims which result from my participation. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

1) \_\_\_\_\_ Signature \_\_\_\_\_ print name

2) \_\_\_\_\_ Signature \_\_\_\_\_ print name

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Mail Form and Payment to: Scott Phillips, (Membership Coordinator)**