

Membership Application



Date: _____

Applicant: _____

Spouse: _____

Children's Names and Current Age (living in home):

1) _____ 2) _____

3) _____ 4) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home _____ Cell _____

Email: Applicant _____

Spouse _____

Yearly Membership Dues (please mark the appropriate box)

- ☐ Individual Adult Member (with or without children under 18 years of age living in home) \$ 45.00
- ☐ Individual Youth Member, 12 to 17 years old, Not Joining with Parents* \$ 30.00
**parent's signature required on Hold Harmless and Indemnity*
- ☐ Couple (with or without children under 18 years of age living in home) \$ 65.00
- ☐ Additional Adult Child(ren) Living in Home and Joining with Parent(s)* \$ 15.00 each x _____ (#)
**adult children must also sign Hold Harmless and Indemnity*

Total Annual Membership Dues \$ _____

Please make checks payable to "South Weber Model Railroad Club"

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

Total Paid _____ Date _____ Paid by ☐ Check ☐ Cash Rec'd by _____

Membership Approved By: _____ Date: _____

Hold Harmless and Indemnity

As consideration for being allowed to participate in the South Weber Model Railroad Club, I understand and acknowledge that by riding on and/or operating a scale train or other railroad track equipment 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, and South Weber City 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.

Dated: _____

Dated: _____

Signature _____
☐ on behalf of self
☐ as parent/guardian of minor child(ren)

Signature _____
☐ on behalf of self
☐ as parent/guardian of minor child(ren)

Print Name _____

Print Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home _____ Cell _____

Please bring this form and membership dues to Canyon Meadows Park on any public ride day or email info@swmrrc.org for other options to submit your Membership Application.