

# Foggia Social Club, Inc.

2014-2015 Membership

NAME: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

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

## **Club Membership Waiver**

I know that playing bocce and volunteering to work at the club are potentially hazardous activities. I should not enter and play in club activities unless I am medically able and properly trained. I assume all risks associated playing bocce and volunteering to work in club activities, including, but not limited to, falls, contact with other participants or bocce balls, the condition of the bocce courts and club facilities, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance on my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Foggia Social Club, Inc., its officers and directors, their representatives and successors, from all claims and liabilities of any kind arising out of my participation in club activities even though that liability may arise out of the negligence or carelessness on the part of the person named in this waiver or anyone else.

\_\_\_\_\_  
Signature

Dues: \$50.00

Make check payable to Foggia Social Club, Inc.