



NIMROD LEAGUE OF HOLDEN MEMBER APPLICATION

Applying for: ___ Associate Membership ___ Junior Membership (age 15 to 21)

(please print) Name:	Date of Birth:				
Street:					
City/Town:	State:	Zip:			
City/Town:					
Occupation					
Reason for joining:					
Interests:					
NOTE: New applicants may be assigned a comprequested to provide a minimum of 8 hours of After my first full year of membership, I would CLUBHOUSE - ARCHERY - GROUNDS - TRAP LEAGUE DELEGATES - BAR - KITCHEN	work service to the clu like to serve on the fol	b annually. lowing committee(s) (circle):			
MY TWO MEMBER REFERENCES (sponsors): 1	2				
DUES AND APPLICATION FEE MUST ACCOMPA Associate Member annual fee \$100.00 + New Junior Member annual fee \$40.00 + New mer Family Membership annual fee \$150 + New m	v member application f mber application fee\$	ee\$50.00 = \$150.00 0.00 = \$40.00			
SIGN:	D)ATE			
Please read Nimrod League of Holden By-Law (www.nimrodleague.org) under the ABOUT NI I have read By-Laws – signed	IMROD page.				
EXECUTIVE BOARD READING: Date MEMBERSHIP READING: Date METHOD OF PAYMENT: CHECK #					



NIMROD LEAGUE OF HOLDEN, INC.



Waiver and Release of Liability/Negligence/Photographs

	☐ Mer	mber 🔲 Vis	sitor Participa	nt		 -			
form. You mus reserves the ri contractors or failure to com reasonable effo	te one form for each adult. Child it be a parent or legal guardian gight to deny its services and/or other service providers, to any aplete and sign this Waiver and orts to have you sign a new Waithe waiver and release you sign	to register children your participation individual (or legal ad Release of Liabil iver and Release of I	under 18 years old in any of its progrepresentative) for ity/Negligence For Liability/Negligence	d. The Nimrod rams, or those any reason, i rm. NLOH or e Form for ea	I League of H e that are con ncluding but its contracto ch calendar y	olden (NLOH) nducted by its not limited to ors will make year; however,			
		General Infor	mation						
Name			Phone						
Address			Email						
City			Sex		Height				
State		Zip	Weight		Birth Date				
Emergency Contact Information									
Name			Relationship						
Address			Home Phone						
City			Cell Phone						
State		Zip	Work Phone						
NLOH and its of entities working causes of actionary way from provided or spactivity may in of property day whether incurred provided by the and/or causes their participate activity, including By participating photographs in illustrate, adversarias activity.	Waiver and Releas Ind on behalf of any minor child directors, officers, members, em ing for or with NLOH ("Providers, including but not limited to p my or my child's or ward's part onsored by the Providers. I undervolve risk, known and unknown, mage. I hereby release and hold ared by me, my minor child or make Providers. I also hereby indered by me, my minor child or make Providers. I also hereby indered of action brought by the minor tion, and from claims of others wing any injury that may occur as any injury that may occur as any injury that or minor rtise or promote opportunities of dunderstand the above:	It to be registered and apployees, contractors rs") from any and approperty damage an articipation in any perstand that my or m, and the possibility of the Providers harmly ward, and including the Providers child, the ward, or my hold or a result of emergence. H and its contractor child) appear for pu	and to whom I am a so, permittees, agent all liability/negliger d emotional and be program, course or any child's or ward's of injury to myself of ess from liability/ring any injury that a from any liability members of the mi ward injure while by care provided to the creations. I give the Provibilication or display	parent or gues, representatione, loss, dam odily injuries, reactivity of exparticipation or to my child negligence for may occur as /negligence, loor child's or participating others by the others unlimited	pardian, herelatives, volunte nages, costs, or including de every type are in such progror ward, and any such injuaresult of eross, damages ward's family in such programmers.	ters, and other claims and/or eath, arising in and description ram, course or to others, and ary or damage, nergency cares, costs, claims y arising from ram, course or and use of all			
SIGNATURE (common child or	or as Legal Representative on bel ward)	half of AGE	E of participant		DATI	E			

NAME(s) of minor or ward

If using Legal Representative, provide legal designation:

DESIGNATION (e.g., parent or court-appointed guardian)

DATE