2016 MBRC MEMBERSHIP FORM

	NEW	RENEWAL	Membership Type:	INDIVIDUAL (\$20.00)	FAMILY (\$25.00)
NA	AME:				
AL)UKES	5:			
CI.	TY:			STATE:	ZIP CODE:
PH	ONE N	10:			
E-ľ					
	ase sign re	lease below and v	s to communicate with n write a check payable to 5154, Norwell, MA 0206	MBRC or Mass Bay Ro	ad Club, and mail it to:
		WAIVER AN	ID RELEASE OF LI	ABILITY READ B	EFORE SIGNING
		-	•	•	ad Club program, its related
events and activities, I,appreciate, and agree that:				, t	he undersigned, acknowledge,
app	reciate, an	d agree that:			
1.	The risk of injury from the activities involved in this program is significant, including the potential for permaner paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,				
2.	I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,				
3.	I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,				
4.	I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Mass Bay Road Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premise used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.				
UN	DERSTA	ND ITS TERMS	S, UNDERSTAND T		OF RISK AGREEMENT, FULLY UP SUBSTANTIAL RIGHTS BY NY INDUCEMENT.
X _				Age:	Date Signed:
PAF	RTICIPANT	'S SIGNATURE			
		FOR PAI	RENTS/GUARDIANS O	F PARTICIPANTS OF M	MINORITY AGE
rele and invo	ase as prov agree to lvement or	vided above of all indemnify and he	the Releasees, and, for a old harmless the Relea se programs as provided	myself, my child and our lasees from any and all	ipant, do consent and agree to his/he heirs, assigns, and next of kin, I release liabilities incident to my minor child's IG FROM THE NEGLIGENCE OF THE
X					Date Signed
PAF	RENT/GUA	RDIAN'S SIGNAT	 ΓURE (print name)		Date Signed: