



Austin Rowing Club Membership Application

Austin Rowing Club
P.O. Box 1741
Austin, TX 78767
512-472-0726 Office
512-472-0700 FAX
info@austinrowing.org
www.austinrowing.org

Name _____

Street Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Email Address _____

Date of Birth _____

Fees: Fees are \$210 per 6 months for a regular membership. Memberships are prorated based on which month you join. Use the table below to determine your membership fee. Membership fees are non-refundable and non-transferable.

March or September	April or October	May or November	June or December	July or January	August or February
\$210	\$175	\$140	\$105	\$70	\$35

Payment Options (Check One)

Pay by check or cash the prorated dues for the time remaining in this dues cycle

Drop your payment through the ARC office mail slot or mail it to the address above

Pay by credit card the prorated dues for the time remaining in the dues cycle

Enter your credit card information below. Drop your payment through the ARC office mail slot, mail it to the address above, or fax it to the number above

Schedule Automatic Monthly Billing payments

- \$35 per month

Terms and Conditions:

- I hereby agree to pay the Austin Rowing Club consecutive monthly payments in the amount of \$35.00.
- I hereby authorize Austin Rowing Club to initiate debit entries and/or correction entries to the credit card account. indicated herein, and to debit the designated amount from such account.
- I understand that the price I am paying reflects a minimum membership commitment of six(6) months or two(2) months for graduates of a 2008 ITR class.
- Subsequent payments shall be debited in the amount of \$35.00 per month by direct debit from the credit card account indicated herein, on the fourth day of each month.
- I understand that there is a \$10.00 late charge for payments that are more than 10 days overdue.
- Furthermore, if the designated account is closed or EFT payment is stopped, I agree to pay the balance due for the duration of the minimum membership commitment within ten(10) days.
- This authorization will remain in full force until the Austin Rowing Club has received written notification by me of its termination subject to a minimum notice of thirty(30) days.

We accept Visa or MasterCard Only.

Card Number _____

Expiration Date _____

Signature _____

Date _____

Austin Rowing Club

Release and Waiver of Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement



WAIVER

IN CONSIDERATION of being given the opportunity to participate in any Austin Rowing Club ("Club") activities ("Activity") until the end of the calendar year, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that: (a) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction;
4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, their administrators, directors, agents, officers, members, volunteers and employees, other participating, regatta organizers, any sponsors, advertisers, and if, applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim. understand that I have given up substantial rights by signing it and have signed it freely and with out any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

PRINTED NAME OF PARTICIPANT

STREET ADDRESS

CITY STATE ZIP

PHONE (HOME) PHONE (WORK)

PARTICIPANT'S SIGNATURE (ONLY IF AGE 18 OR OVER) DATE

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim.

PRINTED NAME OF PARENT / GUARDIAN

STREET ADDRESS

CITY STATE ZIP

PHONE (HOME) PHONE (WORK)

PARENT / GUARDIAN SIGNATURE (ONLY IF PARTICIPANT IS UNDER THE AGE OF 18) DATE