



**Saskatoon Off-Road Radio Control Club Inc.**  
**2020 Winter Series Membership Form**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I consent to receiving e-mail from the club to keep me informed of club related activities.  YES  NO

**Acknowledgment of Risk, Release of Liability and Indemnity Agreement.**

I acknowledge that I have voluntarily applied to participate in Saskatoon Off-Road Radio Control Club Inc. activities. I understand that I may elect not to participate in these activities rather than sign this Release.

I am aware of the risks, dangers and hazards associated with operating radio control vehicles and entering the Saskatoon Off-Road Radio Control Club Inc. race track facility.

In return for allowing me to use the Saskatoon Off-Road Radio Control Club Inc. race track facility and participate in club organized events:

- I freely accept and assume all such risks, dangers, and hazards including the possibility of personal injury, death, property damage or loss.
- I accept responsibility for any personal or property damage or loss caused by or as a result of my participation.
- I agree to hold harmless and indemnify the Saskatoon Off-Road Radio Control Club Inc., its directors, officers, volunteers, and members from any and all claims and liabilities arising out of my participation.
- I have read and Agree to the New Covid19 Regulations for attending races Initial \_\_\_\_\_

My signature below certifies that I understand and accept the conditions required for the participation listed above.

\_\_\_\_\_  
Signature of Participant 1

\_\_\_\_\_  
Signature of Participant 2

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
*Witness (if either participant is under 18 years old)*

**Membership Fee:**

Single Membership - \$100

Family Membership - \$125

Epayment saskrcpay@gmail.com

Fee Collected By: \_\_\_\_\_

Date: \_\_\_\_\_