

Saskatoon Off-Road Radio Control Club 2024/2025 Winter Membership Form

Name:			
Address:			
City:	Postal Code:		
Home Phone: ()	Mobile Phone: ()	
Emergency Contact:	Phone Number: ()	
Email Address:			
I consent to receiving e-mails / mess	sages from the club to keep me in	formed of the club activities:	YES. NO
Acknowledgements of Risk, Release	e of Liability and Indemnity Agree	ement.	
I acknowledge that I have voluntaril understand that I may elect not to p			Inc. activities. I
I am aware of the risks, dangers and Radio Control Club Inc. race track fa	-	on radio control vehicles and ent	ering the Saskatoon Off Road
In return for allowing me to use the events:	Saskatoon Off-Road Radio Contro	ol Club Inc. race track facility and	l participate in club organized
damage or loss.	all such risks, dangers and hazard		
 I agree to hold harmless ar 	ny personal or property damage of ad indemnify the Saskatoon Off-Ro d all claims and liabilities arising o	oad Radio Control Club Inc., its d	
My signature below certifies that I u	inderstand and accept the conditi	ons required for the participatio	on listed above.
Signature of Parent or Guardian (If participant is under 18 years old)	Witness		
Membership Fee: Adult (18+) Membership - \$		ers to: saskrcpay@gmail.com hild (up to 13)	
Youth (14-17) - \$150 Fee Collected By:	Date:		