

Fee Collected By: _

Saskatoon Off-Road Radio Control Club Inc. 2025 / 2026 Indoor Series Membership Form

Name:	
Address:	
City:	Postal Code:
Home Phone:	Mobile Phone:
Emergency Contact:	Phone Number:
E-Mail Address:	
consent to receiving e-mail from the club to keep me	e informed of club related activities. ☐ YES ☐ NO
Acknowledgment of Risk, Release of Liability a	nd Indemnity Agreement.
acknowledge that I have voluntarily applied to participate in Saskatoon Off-Road Radio Control Club Inc. activities. understand that I may elect not to participate in these activities rather than sign this Release.	
am aware of the risks, dangers and hazards associate Saskatoon Off-Road Radio Control Club Inc. race track	ed with operating radio control vehicles and entering the cfacility.
 I freely accept and assume all such risks, dangers, property damage or loss. I accept responsibility for any personal or propert 	ad Radio Control Club Inc. race track facility and participate in and hazards, including the possibility of personal injury, death, y damage or loss caused by or as a result of my participation. toon Off-Road Radio Control Club Inc., its directors, officers, and liabilities arising out of my participation.
My signature below certifies that I understand and acc	cept the conditions required for the participation listed above.
Signature of Participant	-
Signature of Parent or Guardian (if participant is under 18 years old)	Witness
Membership Fee: ☐ Adult (18+) Membership - \$200.00 ☐ Youth (14-17) - \$150.00 ☐ Child (up to 13) - \$100.00	e-Transfers To: saskrcpay@gmail.com

Date: ___