

Dubuque Water Sports Club Membership Application Form

Mission Statement

The Dubuque Water Sports Club exists to provide the City of Dubuque and surrounding areas with water sport opportunities that promote water safety, social vibrancy, healthy living, and environmental stewardship all within a family-oriented club atmosphere.

Any individual or family wishing to utilize any and all facilities of the Dubuque Water Sports Club and participate in the above described activities, must be active club members in good standing. To be an active member of the club and in good standing, a club waiver / indemnification agreement must be completed annually and club dues paid in full.

The facilities and grounds of the Dubuque Water Sports Club is owned by the City of Dubuque and leased to the club on an annual basis. The terms and conditions of the lease require that the Dubuque Water Sports Club provide and maintain liability insurance coverage for the club, its members and the City. Portions of club member dues are used to purchase the required liability insurance coverage, pay the annual City lease payment, and cover upkeep and maintenance related costs for the grounds and facilities of the club site.

Type of DWSC membership:		Family Single Junior	_ _ \$100.00 _ \$60.00	Junior - Members are single members 18 years or younger or a full of 18 and 25 not covered under a family membership. 18 years of
		age or younger requi	•	
Provide the foll	owing Membership Appli	cation Information	on:	
Name				
Address				
City		State		Zip
Home Phone		N	lobile	
E-mail		E	-mail #2	
Please provid	le family member informa	ation (if applicabl	e).	
Spouse	E-mail			
Children				
Parent of Gua	<u>ardian Signature (Require</u>	<u>ed for all Junior o</u>	club membe	<u>ers):</u>
member's		e Water Sports Clu	ub and hereb	applicant stated above and fully support said y acknowledge and accept complete responsibility orts Club.
	Parent of Guardian Signatur			Date
Make check pa	yable to <i>"Dubuque Wate</i>	r Sports Club"		
Mail to:	Dubuque Water Sports	s Club		
	PO Box 3377			

*NOTE: Application not valid until a signed copy of the Participant Release of Liability and Assumption of Risk Agreement' for each member covered by the application. Additional copies can be printed from www.dbqwsc.com

Dubuque, IA 52004

^{*}Email all questions to: dubuquewsc.info@gmail.com.

PUBUQUE WATER SPORTS CLUB

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT ***READ REFORE SIGNING***

****KEAD DEFUKE SIGNING****
Participant Name:
In consideration of being allowed to participate in any way in the program, related events and activities (hereafter called the Program), I the undersigned, acknowledge, appreciate, and agree that:
1. The risk of injury from the activities involved in this program is significant during all phases of the activity, including the potential for permanent paralysis, disability and death. These risks include but are not limited to: Equipment failure and/or malfunction of my own or other's equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. I agree to wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from any liability whatsoever.
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 in the Program.
3. I willingly agree to comply with terms and conditions for participation. If 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 nearest official immediately.
4. I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.
I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.
5. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS <u>DUBUQUE WATER SPORTS CLUB</u> , its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, permit grantors, independent contractors, sub-contractors and, if applicable, owners and lessors of premises used to conduct the Program (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND
ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
X
Participant's Signature Age Date
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents due to my minor child's involvement or participation in these Programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES , to the fullest extent permitted by law.

Emergency Phone Number(s)

Parent/Guardian Signature