Knik Canoers & Kayakers
P.O. Box 242861
Anchorage, Alaska 99524-2861

Knik Canoers and Kayakers

Digitally signed by Knik Canoers and Kayakers
DN: cn=Knik Canoers and Kayakers, o=Knik Canoers and Kayakers, ou=NA, email=kck.org@gmail.com, c=US
Date: 2016.12.10 17:11:07 -09'00'

2017 KCK Membership Application

Name #1: _____

Name #2: _____

Name #3: _____

Name #4: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

MEMBERSHIP TYPE: ____ Individual $10 ____Household $15

_____ Renewal _____New

Mail Form and dues to: Knik Canoers & Kayakers
P.O. Box 242861
Anchorage, Alaska 99524-2861

WAIVER OF LIABILITY: In consideration of your acceptance of my membership application, I, for myself, my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, demands, and claims for damages I may have against Knik Canoers & Kayakers, Inc., its representatives, officers, members, board members, sponsors or outing leaders for any and all injuries resulting from my participation in any of the activities of the Knik Canoers & Kayakers, Inc. That I freely and voluntarily assume all risks as incident to participation in any of the club activities and that I will assume and pay for my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses. I alone shall be responsible for the use of my own judgment in determining whether I should participate in club activities.

Signed
Person 1 ..... Date: ……....
Signed
Person 2 ..... Date: ……....
Signed
Person 3 ..... Date: ……....
Signed
Person 4 ..... Date: ….....

IMPORTANT: Each adult applicant must sign application. A parent/guardian must also sign for each minor. Applications missing any signatures will not be accepted.