

WEST SUBURBAN DART ASSOCIATION WAIVER FORM

Please print the following information clearly

Check One: New Member # _____ Old Member & # _____

Name: _____ Male Female

Address: _____

City/State: _____ Zip: _____

Phone: (H) () _____ (Cell) () _____

Team Name _____ Email _____

Any member dropped to add this player? (If so, who) _____

If we do not have accurate information, you may not receive important information regarding the league and it's activities. Please notify the Board if any of the above information changes so that we may keep our files accurate and up to date.

Any questions pertaining to membership should be directed to the President of the West Suburban Dart Association at 630-415-3086.

AGREEMENT AND WAIVER OF LIABILITY

In consideration of my being accepted as a member of the West Suburban Dart Association, I hereby consent and agree to assume any and all risk for bodily injury to myself, and property damage to any of my property, or damages from any other cause which might occur by virtue of my participating in the various activities sponsored by the West Suburban Dart Association, in particular, but not limited to, participation in it's various dart throwing leagues, tournaments, and all activities in connection therewith.

I further hereby waive any and all claims, demands and causes of action, of whatsoever nature, which I might hereafter have against West Suburban Dart Association, or its officers for bodily injury and property damage incurred in connection with my participating in the above activities of the West Suburban Dart Association. I acknowledge that my participation in these activities is at my sole risk and that I am hereby assuming said risk freely and with complete understanding and knowledge that it is a complete release and waiver of any claims, and demands, or causes of action that I might hereafter have against the West Suburban Dart Association, or it's officers by virtue of my future participation in the above activities of the club.

I also understand that by signing this waiver that I am Certifying that I am 21 years of age or older.

Applicants Signature: _____ **Date:** _____

Membership Dues: Fall \$10.00: Winter \$10.00: Summer \$10.00

Circle Applicable:

TOTAL RECEIVED: \$ _____ BY B.O.D. Member _____