



Individual Membership Form

All participants must be a club member. Members may curl on their primary team and/or sub on any team.

Name _____

Address _____

Telephone _____

Email _____

By participating, all participants agree to hold harmless all individuals, organizations and entities associated with the Walker Curling Club and the Walker Area Community Center. You curl at your own risk.

Curling is dangerous. Moving curling rocks, slippery ice, a hard surface and unanticipated hazards increase my chances of being injured. By signing below, I agree, on behalf of my minor children and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge Walker Curling Club and Walker Area Community Center, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises, affiliated organizations, insurers, and others acting on its behalf from all claims, demands, causes of action, and non-economic losses due to bodily injury and damage to my property without implied limitation.

Signed

Parent or Guardian Signature (If under age 18)

Submit this form with \$10 to a club board member, leave it at the WACC front desk, or mail to: Walker Curling Club, Box 327, Walker MN 56484