

**CAPE COD CORVETTE CLUB
MEMBERSHIP APPLICATION FORM**

Please mail completed form and check to:
Cape Cod Corvette Club, P.O. Box 583, Brewster, MA 02631

Annual Membership Dues \$60

Date _____ New _____ Renewal _____
Name _____ Spouse/Partner _____
Date of Birth _____ / _____ Date of Birth _____ /Month Day Month Day
Address _____
City/Town _____ State _____
Zip _____
Home Phone _____ E-mail _____

Cell Phone (Optional) _____
Corvette
Year _____ Coupe _____ Convertible _____ Plate# _____ Color _____
2nd Corvette
Year _____ Coupe _____ Convertible _____ Plate# _____ Color _____
3rd Corvette
Year _____ Coupe _____ Convertible _____ Plate # _____ Color _____

ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT

I hereby acknowledge that I have voluntarily chosen to participate in the activities of the Cape Cod Corvette Club. I recognize that the activities involve risk of injury and I agree to accept any and all risks associated with them, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, and death. Furthermore, I recognize that participation in the club activities involves activities and risks incidental thereto, including but not limited to, travel to and from meetings, club events, club cruises, club classes, club car shows, and the possible reckless conduct of other participants. I am voluntarily participating in the activities with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death. In consideration of my participation in the activities and to the fullest extent permitted by law, I agree to indemnify, defend and hold the Cape Cod Corvette Club, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in the activities. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from. In addition, I hereby voluntarily hold harmless the Cape Cod Corvette Club, its officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns. I also understand that the Cape Cod Corvette Club does not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses. I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that this acknowledgment of risk and hold harmless is effective for as long as I am a member of the Cape Cod Corvette Club.

Signature of Applicant Printed Name Date

Signature of Spouse/Partner Printed Name Date

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CAPE COD CORVETTE CLUB NAME BADGES

The Cape Cod Corvette Club will be providing name badges with a magnetic back (no holes in your club clothing!) for any member who wishes to have one. Please fill out the form below and return it with your membership fee.

Since the badges are being provided to our members as a courtesy, ***please only order a name badge for yourself and/or your spouse/partner if you plan to wear it to club functions.***

Your cooperation is greatly appreciated. Actual size of the badge is 3" X 1.25", and will feature the club logo in color.

NOTE: Please print very clearly and include your last name.

Member's Name (as you would like it to appear):

First Name Last Name

Spouse/Partner's Name (as you would like it to appear):

First Name Last Name