

ARGONNE VOLLEYBALL CLUB 2015 MEMBERSHIP APPLICATION

Name _____

Division _____ Building _____

Lab Phone _____ Age: over 18? YES NO

E-mail Address _____

I am willing to help with / organize events

Membership dues: \$3.00/year
\$1.00/year – students

Cash or checks (payable to: Argonne Volleyball Club) and mail or give to:
Pat Hamalis – 201 HEW x1661

Club Membership Waiver

I know that playing and/or volunteering to work in club events are potentially hazardous activities. I should not participate in club activities or permit my minor child/ward to participate unless we are medically able and properly trained. I and my minor child/ward assume all risks associated with participating and/or volunteering to work in club events including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the field, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, I, for myself, for my minor child/ward and anyone entitled to act on my behalf, waive and release Argonne National Laboratory, the Argonne Volleyball Club, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

Signature _____ Date _____

Parent/Guardian if applicant
is less than 18 years of age _____