

BAY AREA CANOE, KAYAK FISHING CLUB

www.backfishingclub.com

MEMBERSHIP FORM

Name: _____ Date: _____

Forum Screen Name (from club's website): _____

Address: _____

City: _____ State: _____ Zip: _____

Email (**please print**): _____

Cell Phone: _____ Home Phone: _____

DUES ARE PAID MARCH 1st ANNUALLY

Please check one of the following options:

_____ Individual Membership - \$30.00 _____ Individual half year - \$15.00

(Half year is August thru December)

_____ Family Membership - \$40.00 _____ Family half year - \$20.00

Paid by: Check _____ PayPal or Charge _____ Cash _____

With a Family Membership, please list additional family member(s): (Please print)

Spouse: _____ Child: _____

Child: _____

Make checks payable to **BACK** and mail along with the signed and dated General Release and Waiver of Liability to:

BACK CLUB

720 18th Avenue North

St. Petersburg, FL 33704

(over)

**Bay Area Canoe, Kayak Fishing Club (B.A.C.K.)
General Release and Waiver of Liability**

To: Bay Area Canoe, Kayak Club

Event: Kayaking and/or Kayak Fishing and other Club Events

Participant(s): _____

(Please print)

I/we understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I/we assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release the Bay Area Canoe, Kayak Fishing Club, its Officers and Board of Directors or any other member from all liability, costs and damages which might arise from participation in the above named event or activity or any other event hosted by or attended by the Bay Area Canoe, Kayak Club.

If the participant is a minor, I/we agree that the minor has my consent to participate in the event. I further provide my consent for Bay Area Canoe, Kayak Fishing Club to seek emergency treatment for the minor if necessary. I/we agree to accept financial responsibility for the costs related to this emergency treatment.

Signature of Participant: _____ Date: _____

For Family Membership

Signature of Spouse (If applicable): _____ Date: _____

Name(s) of child or children: (Please print) _____

Name of Parent or Guardian: (Please print) _____

Signature of Parent or Guardian: _____ Date: _____