



P.O. Box 1015 • Frisco, Texas 75034

www.svttxas.com

MEMBERSHIP ENROLLMENT AND RELEASE FORM

Member Name _____

Street Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Work Phone _____

Cellular Phone _____

Email Address _____ Website Alias _____

Year _____ Model _____

Color _____

Comments: _____

THIS IS A RELEASE – READ BEFORE SIGNING

I agree that The SVT Club of North Texas (hereinafter referred to as "SVT Club") and their respective officers, employees and agents (hereinafter referred to as "Released Parties") shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any SVT Club national or local activity and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all SVT Club members and their guests participate voluntarily and at their own risk in all SVT Club activities and I assume all risks of injury and damage arising out of the conduct of such activities. I release and hold the "Released Parties" harmless from any injury or loss to my person or property, which may result from my participation in SVT Club activities and events. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING OF SAID EVENTS.

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute, which would negate or limit the scope of this Release and Indemnification Agreement including, but not limited to, Section 1542 of the California Civil Code, which provides:

"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor."

By signing this Release, I certify that I have read this release and fully understand it and that I am not relying on any statements or representations made by the "Released Parties".

MEMBER SIGNATURE _____

WITNESS _____ DATE _____

DUES PAID \$ _____ DATE _____

RETURN THIS FORM TO THE TREASURER UPON SIGNATURE