

QUEEN CITY DARTING ASSOCIATION, INC.

Membership Dues - \$15.00

Please print the following information clearly.

QCDA Rating: _____

Make check or money order (NO CASH) payable to: Queen City Darting Association, Inc. (QCDA) PO Box 37305 Charlotte, NC 28237-7305	Please Check: <input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Female <input type="checkbox"/> Male	Date Received: _____ Check Number: _____ Amount: _____
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PLEASE PRINT:

NAME: _____

ADDRESS: _____ STATE: _____ ZIP CODE: _____

CITY: _____

HOME PHONE: _____ PLACE OF WORK/OCCUPATION: _____ WORK PHONE: _____

TEAM NAME: SUMMER: _____ WINTER: _____ EMAIL ADDRESS: _____

WOULD YOU VOLUNTEER YOUR TIME TO ASSIST DURING FUNCTIONS/SHOOTS? SERVE ON A COMMITTEE?

PLEASE NOTE THAT IF WE DO NOT HAVE ACCURATE INFORMATION, YOU WILL NOT RECEIVE MAILINGS. IT IS THE RESPONSIBILITY OF THE MEMBER TO INSURE THAT THIS INFORMATION IS CORRECT AND CURRENT AT ALL TIMES. ALL MEMBERS WILL RECEIVE A MEMBERSHIP CARD, AND MEMBERSHIP BURNS FROM TOGETHER THROUGH SETTLEABLE ANY QUESTIONS REGARDING MEMBERSHIP SHOULD BE DIRECTED TO YOUR DART REPRESENTATIVE.

AGREEMENT AND WAIVER OF LIABILITY

IN CONSIDERATION OF MY BEING ACCEPTED AS A MEMBER OF THE QUEEN CITY DARTING ASSOCIATION, INC., A NON-PROFIT ORGANIZATION INCORPORATED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA, I HEREBY CONSENT AND AGREE TO ASSUME ANY AND ALL RISKS FOR BODILY INJURY TO MYSELF AND PROPERTY DAMAGE TO ANY OF MY PROPERTY, OR DAMAGES FOR ANY OTHER CAUSE WHICH MIGHT OCCUR BY VIRTUE OF MY PARTICIPATION IN THE VARIOUS ACTIVITIES SPONSORED BY THE QUEEN CITY DARTING ASSOCIATION, INC., IN PARTICULAR, BUT NOT LIMITED TO, PARTICIPATION IN ITS VARIOUS DART THROWING LEAGUES, TOURNAMENTS AND ALL ACTIVITIES IN CONNECTION THEREWITH.

I FURTHER HEREBY WAIVE ANY AND ALL CLAIMS, DEMANDS AND CAUSES OF ACTION OF WHATSOEVER NATURE WHICH I MIGHT HEREAFTER HAVE AGAINST THE QUEEN CITY DARTING ASSOCIATION, INC., ITS OFFICERS AND DIRECTORS, FOR BODILY INJURY AND PROPERTY DAMAGE INCURRED IN CONNECTION WITH MY PARTICIPATING IN THE ABOVE ACTIVITIES OF THE QUEEN CITY DARTING ASSOCIATION, INC. I ACKNOWLEDGE THAT MY PARTICIPATION IN THESE ACTIVITIES ARE AT MY SOLE RISK AND THAT I AM HEREBY ASSUMING SAID RISK FREELY AND WITH COMPLETE UNDERSTANDING AND KNOWLEDGE THAT IT IS A COMPLETE RELEASE AND WAIVER OF ANY CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT I MIGHT HEREAFTER HAVE AGAINST THE QUEEN CITY DARTING ASSOCIATION, INC., ITS OFFICERS AND DIRECTORS, BY VIRTUE OF MY PARTICIPATION IN THE ABOVE ACTIVITIES OF THE CLUB.

APPLICANT'S SIGNATURE: _____ DATE: _____

THIS FORM WILL NOT BE PROCESSSED UNLESS IT HAS AN ACTIVE PHONE NUMBER, MAILING ADDRESS AND CHECK OR MONEY ORDER FOR \$15.00 PAYABLE TO THE QUEEN CITY DARTING ASSOCIATION, INC.