

# Santa Clarita Casting Club Application for Membership

*This application should be submitted to any member of the Board of Directors or mailed to the following address:*

Santa Clarita Casting Club, P.O. Box 55303

Valencia, CA 91385

Attention: Membership Secretary

*Please print legibly*

NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

FFF Membership \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you learn about the club? \_\_\_\_\_

## **CLASSES OF MEMBERSHIP & FEES**

Active Membership	Adult 18 & over	\$45
Family Membership	1 or 2 adults, any number of children 17 & under, at same address	\$55
Junior Membership	Youth 17 & under	\$8
Associate Membership	Adult living more than 50 miles away or physically impaired	\$22.50
<b>Initiation Fee</b>	<b>One-time charge upon membership signup</b>	<b>\$10.00</b>

*Dues for applicants elected to membership after January 1 and before March 31 are considered paid for the following membership year.*

## **ACTIVE & JUNIOR APPLICATIONS**

Attached is my total remittance for \$\_\_\_\_\_, which covers my dues of \$\_\_\_\_\_ for the current year and my initiation fee of \$10.00. If I am elected to membership in the Santa Clarita Casting Club, I hereby agree to abide by the rules and the Constitution and Bylaws of the Club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **JUNIOR APPLICANTS ONLY**

As a Junior member, I understand that if I become 18 years of age before April 1, I will immediately be transferred to Active membership with my dues considered paid through the following March 31. No initiation fee will be required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ : Date of Birth: \_\_\_\_\_

## **FAMILY MEMBERSHIP APPLICANTS**

List the names of family members who are eligible, including the date of birth for all junior members (17 & under).

\_\_\_\_\_  
\_\_\_\_\_

*Make checks payable to Santa Clarita Casting Club*

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## ***FOR COMMITTEE USE ONLY***

Application Received \_\_\_\_\_ Approval Date \_\_\_\_\_ Dues \_\_\_\_\_ Initiation Fee \_\_\_\_\_

Notification Letter \_\_\_\_\_ Roster \_\_\_\_\_ Database \_\_\_\_\_ E-mail Address \_\_\_\_\_ Badge Number(s) \_\_\_\_\_

In consideration of the service of Santa Clarita Casting club and any other entities associated with it, and their agents, officers, volunteers, participants, employees and all other persons acting in any capacity on their behalf (hereinafter collectively referred to as "SCCC"), I hereby agree to release and discharge SCCC on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

Web site: [www.santaclaritacastingclub.com](http://www.santaclaritacastingclub.com) e-mail: [president@santaclaritacastingclub.com](mailto:president@santaclaritacastingclub.com)

Updated: 1/23/11

1. I acknowledge that boating, camping, fishing, kayaking, rafting and similar activities entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of such activities.

The risks include among other things: hazards of walking on sometimes slippery and uneven terrain, the potential for slips/falls, twist and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more life threatening hazards; the use of rafts, canoe kayaks and equipment; the forces of nature including flooding, lightning and severe weather changes, drowning, being submerged or entrapped; exposure to insect, snake and animal bites and disease contracted from them; becoming very wet, cold or hypothermic; my own physical condition, and the physical exertion associated with such activities.

Furthermore, SCCC leaders and members have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather, the elements or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

I realize that there are inherent and other risks involved in fishing activities on the road and on the water and in remote places, that injuries are a common and ordinary occurrence in adventure activities, that communications in remote places are inherently problematic, and that medical rescue is usually a long time in coming.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SCCC from any and all claims, demands or causes of action which are in any way connected with my participation in its activities or my use of SCCC's equipment or facilities, including any such claims which allege neglect negligent acts or omissions of SCCC.
4. Should SPFF, or anyone acting on its behalf, be required to incur attorney's fees or other legal costs, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself or cause to others. I further certify that I have no medical or physical conditions which would interfere with my safety in such activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any condition.
6. In the event that I file a lawsuit against SCC, I shall do so solely in the State of California, and I further agree that the substantive law of that state shall apply in any such action without regard to any conflict of the law of that state with this release.
7. I represent to SCCC that my health and condition are such that I am able to participate in any of the activities attended. I will, in writing, notify SCCC of any health condition that may affect my participation in its activities. I have made no misrepresentations concerning my health, mobility, and condition to SCCC. I understand that the activities contemplated require good to excellent health and physical ability.
8. In consideration of any minor or minors accompanying me, even though not specifically named herein, being permitted by SCCC to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless SCCC from any and all claims which are brought by or on behalf of such minor(s), and which are in any way connected with such use or participation of such minor(s).
9. By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in any such activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SCCC on the basis of any claim from which I have released them from herein.
10. I have had sufficient opportunity to read this entire document, fully understand it, and agree to be bound by its terms as stated or amended.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this completed application with your payment to:

Santa Clarita Casting Club  
Membership Secretary  
P.O. Box 55303  
Santa Clarita, CA 91385