EWARACING.COM EASTERN WATERCROSS ASSOCIATION

OFFICIAL EWA MEMBERSHIP FORM AND WAIVER AND RELEASE OF LIABILITY AGREEMENT

All Participants Must Fill Out The Following

Name	_ Type of Membership		Return to		
TVallic	Annual One Day	\$30.00	Eastern Watercross Association % Scott D. Mosher		
Address					
City State Zip Code	Amateur Annual	\$30.00	Ovid, NY	ers Point Road 7 14521	
TelephoneBlood Type	d Type Date of Birth		Age		
Occupation	Sled Year/Make/Model				
Team Name	Number Choice 1 st		2 nd	3 rd	
Sponsors & Awards					
*ALL checks payable to Scott D. Mosher					
from, or arising in connection with, or related to any sanctioned event, preparing to depart the premises, or while upon, entering or departing f enforce rules and regulations, failure to make inspections, or the neglig while participating or assisting in a sanctioned event, and I do so volun others, but upon my own judgment and ability, and I thereby assume al whatsoever and whether or not attributable to the negligence of others. 2. I hereby acknowledge that all rights, property and interest in ar by any other means, of any sanctioned event at which I am present, as unlimited use. 3. I agree that the EWA or its assigns, on a non-exclusive basis, n sanctioned event, for any purposes in any media. 4. I assume all responsibility for all charges, premiums and taxes, result of my participation in EWA sanctioned events, including without income taxes and withholding taxes, and any other assessments by approximate to EWA rules in force 6. I hereby declare that to the best of my knowledge and belief, I in the without the second of the property of the property of the property and interest in any termination of the property of the property and interest in any unlimited use. 3. I agree that the EWA or its assigns, on a non-exclusive basis, not any media. 4. I assume all responsibility for all charges, premiums and taxes, result of my participation in EWA sanctioned events, including without income taxes and withholding taxes, and any other assessments by appropriate to EWA rules in force for the property of the p	from said premises, from any cause whence of any persons. I know the risk a tarily and reliance, not upon the proped I risk for loss, damage or injury (included by broadcast by radio, television, motivell as any receipts therefrom, and an analy use my name and pictures, including if any, payable on any trophies, prize to limitation, social security taxes, unerropriate governmental authority. The at the time of the event. The appropriate security taxes are the time of the event. The appropriate governmental authority are the time of the event.	natsoever, income danger to entry, equipme iding death) to on pictures, or y transcription ing pictures or money articles in ployment in forth in this a	luding without myself and protection and protection are transmission thereof, below from the protection are transmission thereof, below from the protection are taxes application are protection and protection are taxes application are protection are protected and protection are protected and protection are protected and protection are protected and protected are protected are protected as a protected are protected are protected as a	at limitation, the failure of anyone to roperty while upon said premises or nd existing conditions furnished by my property from any cause In by printed media or the internet, or ong to the EWA for its exclusive and quipment and pictures taken at any or whatever else may be acquired as a standard correct. The true and correct.	
	Address				
NOTICE IF UNDER 21 YEARS OF AGE or under age of majority in guardian) or legal guardian. Said signature shall acknowledge a waiver under oath that they have read the foregoing Waiver and Release of Lia minor, him/herself, the minors heirs, personal representatives and assig information contained in the foregoing application are true and correct IN WITNESS WHEREOF, I have set my hand and seal this	and release of any and all claims such ability Agreement executed by the mir- ns. I hereby declare under oath that to	n parent or leg nor, and that he to the best of r	gal guardian r ne/she accepts ny knowledge	may have. Further, said person declares s the same in full and on behalf of the e and belief, all statements and	
Printed Name of Parent or Guardian	Signature of Paren	Signature of Parent or Guardian			