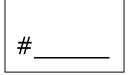


RENAISSANCE CLUB

OF





VOLLEYBALL PLAYER APPLICATION FOR MEMBERSHIP

I, the undersigned, hereby apply for Membership in the **Renaissance Club** of North Tonawanda, Inc.

DATE :		
Please PRINT & complete ALL information		
FULL NAME:		
ADDRESS:		
Nun	nber & Street name	
City	, State, & Zip Code	
Date of Birth:	Cell phone #:	
Email Address:		
If accepted, I will comply with all the Club of North Tonawanda.	rules, regulations, and bylaws of the Renaissance	
Signature of applicant:		
Night Playing Volleyball:		
Team:		
Signature of Sponsor (Team Ca	ptain):	
New Player → \$25.00 APPL	ICATION FEE Date:	
\$35.00 Yearly Dues / Receive	ed:	
Membership Chairman:	Date:	

RELEASE AND ASSUMPTION OF RISK

Please read, date, & sign below

I agree to release and hold harmless the **RENAISSANCE CLUB of North Tonawanda**, **Inc.**, including its board, officers, representatives, and Employees, from any and all liability for any harm, personal injury, or other damage resulting from my participation in activities organized by the **RENAISSANCE CLUB**, including all risks, whether foreseen or unforeseen, involved in the activities. This shall include, but not be limited to, a claim for negligence, fault, or neglect of the **RENAISSANCE CLUB**.

I understand that participation in the activities will require physical exertion and potential collisions. I understand that these activities have an inherent risk of serious personal injury or even death.

I understand that I participate in the activities at my own personal risk.

I understand that the **RENAISSANCE CLUB** will **NOT** be held responsible for any injuries or damages resulting from such participation.

This release is binding upon me, my heirs, executors, administrators, and assigns.

Date:	
	Signature
	Clearly Print Name