



Anchorage Corvette Association, Inc.

P.O. Box 211802, Anchorage AK 99521-1802

Year _____ MEMBERSHIP APPLICATION

MEMBERSHIP INFORMATION

Last Name		First Name		DOB
Address				
City		State		Zip Code
Email Address:				
Day Phone		Eve Phone		Yrs mbr

CO-MEMBER

Last Name		First Name		DOB
Address				
City		State		Zip Code
Day Phone		Eve Phone		Yrs mbr
Children's Names				

CORVETTE INFORMATION

Year	Model: Coupe/Roadster	Color	Engine	License	State
Year	Model: Coupe/Roadster	Color	Engine	License	State
Year	Model: Coupe/Roadster	Color	Engine	License	State

MISCELLANEOUS INFORMATION

Interest and Activities

In Case Of Emergency Notify:

Name	Address		Phone
Name	Address		Phone
Doctors Name	Address		Phone
I hereby apply for membership in the Anchorage Corvette Association. I agree to pay in full the application memberships fees upon acceptance into the association. I understand that the Anchorage Corvette Association insignia and membership care will remain the property of the association and I will surrender upon demand to the duly elected officers or the Broad of Director	New Member	Renewal Fee	Check
	\$40 Single	\$30 Single	Cash
	\$50 Family	\$40 Family	
	Sponsor		Initials
Check #			Amount
Date			

Member Signature	Date
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PO Box 211802, Anchorage AK 99521-1802

**RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
(READ CAREFULLY BEFORE SIGNING)**

IN CONSIDERATION OF the permission granted to me to participate in the event as owner and/or driver of, a participating vehicle, a competing vehicle, member of a crew, official, photographer, reporter or in any manner whatever:

I, the undersigned, being of lawful age, for myself, my heirs, executors and assigns, represent to and agree with the above named sponsor, the below named real estate interest involved, all officers of such sponsor, participating members, drivers, owners crews, officials, and all persons who execute a Liability Release, and the heirs, executors, assigns and successors of all of them (all such persons, firms and corporations are hereinafter collectively called "Beneficiaries of this agreement"), as follows:

- (1) I AM WELL AWARE of the ordinary and extraordinary hazards of automotive competition and exhibition and risks of negligence, gross negligence, and intentional and unintentional violation of competition and other rules, and regulations in the selection, layout and maintenance of premises, in the conduct of events, and in the inspection, condition and operation of vehicles on or near premises before, during and after events. I assume all such hazards and risks in connection with this event.
- (2) WITH REPECT TO MY BODILY INJURY OR DEATH< LOSS OR DAMAGE TO PROPERTY owned by me or in my possession or under my control, and any and all expenses to me, resulting directly or indirectly from any occurrence at or near premises used in the Event and nearby premises, or at any place utilized in connection with the preparation for or conduct of the Event below designated, caused or contributed to in any way by the actions or failures to act of Beneficiaries of this Agreement, including, his, her or their NEGLIGENCE, GROSS NEGLIGENCE OR BREACH OF STATUTORY OF THERE DUTY OF ANY KIND:
 - (a) I HERBY ASSUME ALL RISKS THEREOF,
 - (b) I HEREBY RELEASE, WAIVE AND DISCHARGE any and all claims, demands and causes of action, past, present and future, I may have against BENEFICIARIES of the Agreement with respect thereto.
 - (c) I HEREBY AGREE that the provisions of this agreement are severable and that each of them is inoperative if it is not enforceable against me but that the non-enforceability of any of these provisions shall not vitiate other provisions of agreement.
 - (d) I HAVE READ AND I UNDERSTAND THIS CONTRACT. It contains the entire understanding between the Beneficiaries of the Agreement and me. It may not be modified orally.

SIGNATURE _____ Date _____
EVENT All Anchorage Corvette Association Inc. Events and Functions LOCATION ALASKA