

FORT VILLANOW MEMBERSHIP APPLICATION

Please Print

First Name: (and Parent or Guardian)

Last Name:

Age:

Street Address:

City:

State:

Zip Code:

Phone:

Cell:

Email:

Do you use Face book?

How did you find out about the Fort??

I paid \$1.00 member fee for today's event _____ Date : _____ Total Paid _____

I paid \$25.00 per person for a one year membership fee

to attend the Kids Survival Camp

Date: _____ Total Paid _____

Received by Veteran Fort Member: _____

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

UPGRADED VETERAN MEMBERSHIP (FOR VETERANS ONLY)

Branch of service:

Year Enlisted:

Length of Service:

List of Military Duties/Skills:

Please supply a copy of your DD214 and mark through the social security/service numbers.

I paid \$25.00 for a one year membership fee on: _____

Veteran Membership includes access to the facility 7 days per week & involvement in

"Veterans Only" activities. All memberships expire on last day of the year.

Your hobbies, occupation, skilled trade abilities or social skills: _____

Are you interested in:

☐ Helping with Saturday kids' activities

☐ Helping other veterans How? _____

☐ Volunteering your time to improve the fort (building, plumbing, electrical, etc.)

OVER



EMERGENCY CONTACT WHILE IN AND AROUND THE FORT	
Name of a friend or family member who we can call if you need help while you are in and around Fort Villanow:	
Relationship:	Phone:

WAIVER OF LIABILITY

In consideration of being permitted to participate in any way in Fort Villanow activities I, for myself for personal representatives, assigns, heirs, and next of kin: fully understand that: a)Fort Villanow activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ('risks"); b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the releasees; c) there may be other risk and social and economic losses either not known to me or readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation or that of the minor in the activity.

I hereby release, discharge and covenant not to sue Fort Villanow, their respective administrators, directors, agents, officers, members, volunteers, employees and other participants, any sponsors, advertisers, and if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such claim.

X_____

Signature

Date