

Classic Race Boat Association

2009 Membership Application

Membership year runs from January 1st through December 31st of each year.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: (only if under 18 - you must have parental approval upon joining): _____

Phone #: _____ Cell #: _____

E-mail: _____ Boat Name: _____

Manufacturer: _____ Length: _____ Year: _____

Model: _____ Engine: _____

Please check your membership selection:

- One day event - \$20.00 (List Event Title and Date: _____)
 2009 Dues - \$25.00

Please read and sign the following Liability Waiver statement:

For myself and any member of my family, including all minors who accompany me or should otherwise participate in the any activity with the Classic Race Boat Association, I hereby waive any claim for injury to my person, boat or equipment. I agree to hold harmless the Classic Race Boat Association and any and all other sponsors of their event, their employees, agents, and volunteers and assistants for any injury or loss suffered by me, my family, or any invitee during or in connection with the 2009 membership year, whether such injury or loss resulted directly or indirectly from the negligent acts or omissions of said sponsors, employees, volunteers, assistants or others connected with the Classic Race Boat Association. I understand that in order to participate in any event my boat must be adequately inspected and operated in a safe manner. "I agree to take full responsibility for myself while in the boat either as a rider or driver. I will hold the association blameless for any accident, injury or loss that might occur due to my participation in these outings, and free from all liability for accidents, injuries or losses."

Signature

Date

Name Printed

PARENTAL APPROVAL REQUIRED IF APPLICANT IS LESS THAN 18 YEARS OF AGE:

Signature

Date

Name Printed

Relationship

MAIL COMPLETED APPLICATION AND CHECK TO: CRA PO BOX 350437 GRAND ISLAND, FL 32735