## Back to Life Chiropractic RHINO CLUB

## MEMBERSHIP APPLICATION WAIVER

The following waiver MUST BE SIGNED BY NEW AND RENEWING MEMBERS for the application to be processed.



## **GENERAL INFORMATION**

Name(s):			
Address:			
	State:		
Home Phone:	Work Phone:	E-mail:	
Membership Type (ch	neck one): New Member [	] Renewal [ ]	
<u>C</u>	LUB MEMBERSHIP APPI	LICATION WAIVER	
activities. I should not enter ar trained. I assume all risks asso- falls, contacts with other partic road and traffic on the course, any manner arising or resultin knowing these facts, and in co- tled to act on my behalf, waive sors, their representatives and	d volunteering to work in the Back to I and do cardio exercise in the club or club ociated with cardio exercise and volunt cipants, the effects of the weather, incluall such risks being known, for any and from my participation in Back to Life insideration of your acceptance of my are and release the Back to Life Chiropra successors from all claims and liabiliting this liability may arise out of negligence of	concerning and activities unless I am medically a seering in club activities including, ading high heat and/or humidity, the dall injuries, including death, and a Chiropractic Rhino Club. Havin application for membership, I, for a ctic Rhino Club, Back to Life Ches of any kind arising out of my page.	able and properly but not limited to, he conditions of the property damage in g read this waiver and myself and anyone enti niropractic and all spon- articipation in these
I grant permission to all the fo ties for any legitimate purpose	regoing to use any photographs, motions.	n pictures, recordings, or any othe	r record of club activi-
Signature(s):			
Date:			
	EMENT, RELEASE AND WAIVER: le that I approve of my child participatiner.		
Signature of Parent/C	Guardian (if narticinant is under 18)		

For those CHARGING through Life!!!!