

Queen City Darting Association

www.charlottedarts.com

Membership Dues: \$20.00

Valid January 1st-December 31st

Please print the following information clearly.

Please check:

() new member () renewal

**Make check or money order
(NO CASH) payable to: QCDA

PLEASE PRINT:

QCDA Rating: _____

Date received: _____

Check #: _____

Amount: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell/work: _____

Email Address (If you would like to receive weekly stats & our newsletter): _____

(Please indicate your preferred method of communication should the organization need to contact you.)

AGREEMENT AND WAIVER

IN CONSIDERATION OF MY BEING ACCEPTED AS A MEMBER OF THE QUEEN CITY DARTING ASSOCIATION, INC., A NON-PROFIT ORGANIZATION INCORPORATED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA, I HEREBY CONSENT AND AGREE TO ASSUME ANY AND ALL RISKS FOR BODILY INJURY TO MYSELF AND PROPERTY DAMAGE TO ANY OF MY PROPERTY, OR DAMAGES FOR ANY OTHER CAUSE WHICH MIGHT OCCUR BY VIRTUE OF MY PARTICIPATION IN THE VARIOUS ACTIVITIES SPONSORED BY THE QCDA, IN PARTICULAR, BUT NOT LIMITED TO, PARTICIPATION IN ITS VARIOUS DART THROWING LEAGUES, TOURNAMENTS, AND ALL ACTIVITIES IN CONNECTION THEREWITH.

I FURTHER HEREBY WAIVE ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION OF WHATSOEVER NATURE MIGHT HEREAFTER HAVE AGAINST THE QCDA, ITS OFFICERS, AND DIRECTORS, FOR BODILY INJURY AND PROPERTY DAMAGE INCURRED IN CONNECTION WITH MY PARTICIPATION IN THE ABOVE ACTIVITIES OF THE QCDA. I ACKNOWLEDGE THAT PARTICIPATION IN THESE ACTIVITIES ARE AT MY SOLE RISK AND THAT I AM HEREBY ASSUMING SAID RISK FREELY AND WITH COMPLETE UNDERSTANDING AND KNOWLEDGE THAT IT IS A COMPLETE RELEASE AND WAIVER OF ANY CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT I MIGHT HEREAFTER HAVE AGAINST THE QCDA, ITS OFFICERS AND DIRECTORS BY VIRTUE OF MY PARTICIPATION IN THE ABOVE ACTIVITIES OF THE CLUB.

APPLICANT'S SIGNATURE: _____ DATE: _____