



Apollo "Friends In Sports"

www.apollocalgary.com

ONE YEAR MEMBERSHIP APPLICATION / RENEWAL

Expires one Year after the Date of Purchase

Membership: \$15.00 per person – Cash Cheque Money Order

Visa _____ Expiry ____/____

Amount: _____

Signature: _____

In order to receive Newsletters, Special and Annual General Membership Meeting notices please ensure you provide either your e-mail address or a current mailing address. Thank you.

First Name _____ Last Name _____

Mailing Address _____

City: _____ Province _____ Postal Code _____

Phones: Home / Cell _____ Work _____

E-mail Address _____

I purchased this Membership while participating as a member of:

- | | | | |
|--------------------------------|--------------------------|-------------------------|-------------------------------------|
| Absolutely Smashing- Badminton | <input type="checkbox"/> | Inner City Volleyball | <input checked="" type="checkbox"/> |
| Rainbow Riders Bowling | <input type="checkbox"/> | Sunday Unity Bowling | <input type="checkbox"/> |
| Apollo Curling | <input type="checkbox"/> | Lawn Bowling | <input type="checkbox"/> |
| Outdoor Pursuits | <input type="checkbox"/> | Q's On First Slow Pitch | <input type="checkbox"/> |
| Tennis | <input type="checkbox"/> | Golf | <input type="checkbox"/> |
| Member at Large | <input type="checkbox"/> | Lifetime Member | <input type="checkbox"/> |

Apollo does not sell, mail out or handout any information from its membership list. Membership lists are kept under security by the Secretary and only available to Board Members. All information is kept confidential. I authorize Apollo to send me information as it sees fit to my being a member of Apollo from time to time by email/postal service.

Signature _____

Date: _____



APOLLO, FRIENDS IN SPORTS
(hereafter referred to as "Apollo")

**PARTICIPANT ASSUMPTION OF RISK AND RELEASE
OF LIABILITY AGREEMENT**

READ CAREFULLY BEFORE SIGNING

In consideration of Apollo accepting the undersigned as a participant, and for other good and valuable consideration the receipt of and sufficiency of which is accepted by the undersigned, the undersigned for his or her self, all heirs, executors, administration and assigns, hereby releases Apollo, its respective directors, officers, servants, agents or employees from any claims, demands, damages, actions, or causes of action or legal costs arising out of or in consequence of any loss, injury, or damage to my person or property incurred while participating in an Apollo program and activities, notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of Apollo, its directors, officers, servants, agents or employees.

The undersigned acknowledges having been informed and being aware that all Apollo activities can be dangerous and include many risks and dangers including but not limited to physical injury from involvement in the activity, faulty equipment, injury from actions of other players, being struck by a stray ball, physical contact with other players or physical exertion for which I am unprepared or unaccustomed. The undersigned accepts these above reference and all other inherent risks.

I also acknowledge and agree that alcohol may be consumed by myself or by other participants after the Apollo program and I accept the risks and dangers inherit in consuming alcohol myself or being in the company of persons consuming alcohol, and I acknowledge that consumption of alcohol is not part of the Apollo program or sanctioned by Apollo.

The undersigned further agrees to indemnify and save harmless Apollo, its respective directors, officers, servants, agents or employees from any claims, demands, damages, actions, or causes of action or legal costs arising out of or in consequence of claims by other persons for any loss, injury or damage to them or their property caused wholly or partly by the undersigned for which Apollo, its respective directors, officers, servants, agents or employees are claimed or made liable.

**I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS ASSUMPTION OF
RISK AND RELEASE OF LIABILITY AGREEMENT AND AGREE TO IT OF MY OWN
FREE WILL AND WITHOUT RESERVATION**

PRINT Member's Name: _____

Member's signature: _____ Date: _____

League Witness' Name: _____

Witness' signature: _____