

2018 MEMBERSHIP APPLICATION & RENEWAL

PALM BEACH PACK AND PADDLE CLUB

Name(s): _____

Indicate (any CHANGES) below:

Please fill in box below:

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Annual Dues:

Individual \$30

Household \$35

Paid by Cash: \$ _____

Paid by Check: _____

_____ \$ _____

Paid via PayPal: \$ _____

date charged: _____

What outdoor skills do you have?

What activities would you like the club to offer?

What type of trips, activities, or skill workshops would you be willing to lead, teach, or demonstrate?

Would you be willing to serve on a committee? Teach a workshop? Other? Please specify:

Please READ and SIGN the release below:

As a member of Palm Beach Pack and Paddle Club, Inc., (the Club) I/we understand that there are certain risks involved in participating in outdoor activities. I/we agree to accept personal responsibility for myself, my family, an/or my guests at all club activities. I/we also agree to hold harmless and free from blame, the Club, its officers and members, for any accident, injury or illness, which might be sustained while participating in any club activities. Travel to and from Club activities is not part of the activity. *I/we have read the above statements and agree to abide by its contents.*

EMERGENCY CONTACT NAME & NUMBER: _____

Signed: _____ Date: ____/____/20____

_____ Date: ____/____/20____

Please remit this form with payment to:

Palm Beach Pack and Paddle Club, Inc.
P.O. Box 16041, West Palm Beach, Florida 33416

*****TURN OVER AND SIGN PADDLESPORT INSURANCE WAIVER*****