

CANBY GAMES, Inc.

MEMBERSHIP APPLICATION

Membership Term: January 1st to December 31st

Full Name _____ Birth Date ____/____/____ Age _____

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Full Name _____ Birth Date ____/____/____ Age _____

Full Name _____ Birth Date ____/____/____ Age _____

Full Name _____ Birth Date ____/____/____ Age _____

Address _____ City _____ State _____

Zip Code _____ Phone (____) _____ - _____ E-Mail _____

MEMBERSHIP FEES:

Family \$35.00

Adults (18 & Older) \$22.00

Youths (17 & Under) \$18.00

RELEASE (PLEASE READ)

By signing this form, I wish to join CANBY GAMES, Inc. I hereby RELEASE and HOLD HARMLESS, CANBY GAMES, Inc., All Members, Property Owners and or any and all Persons in any way connected with CANBY GAMES, Inc. from all loses, damages or injuries to MYSELF, MY EQUIPMENT and or MY ANIMALS resulting from participating in any or all events.

Applicant Signature _____ Date _____

IF UNDER 18 YEARS OF AGE, THIS RELEASE MUST BE SIGNED BY A LEGAL GUARDIAN: I hereby swear to the above RELEASE and UNCONDITIONALLY give my permission for the above named applicant to participate in any CANBY GAMES, Inc. events.

PARENTS SIGNATURE _____ DATE _____

