

ENCORE ENROLLMENT FORM

LAST NAME(S): _____

FIRST NAME(S): _____

FULLY VACCINATED? Yes / No

- STATUS: () New member
- () Returning member, no changes in contact information
- () Returning member, changes or addition of an additional email address
- () Please list us separately

DUES: \$10.00 per person, check is preferred (made to ENCORE)

STREET ADDRESS: _____

CITY/STATE: _____ / _____

ZIP: _____

PHONE: _____

E-MAIL ADDRESS: _____

Release and Waiver: The Brunswick ENCORE Club (BEC) organizes various activities for its members and participation in same is voluntary. In consideration of being allowed to participate in the functions and activities of BEC, I/We do hereby agree to hold BEC free from all liability and claims for damages and injuries of any kind whatsoever, from any cause or causes whatsoever, including but not limited to exposure to COVID-19, which are incurred or sustained while participating in any activities sponsored by BEC, and I/We further agree to hold harmless BEC from liability, loss, cost (including without limitation, attorney fees) and other obligations arising out of any such damages and injuries, however incurred or sustained.

Sign/date: _____ / _____