

Cimarron Hills Ladies Organization

Membership Form - 2026



Name: _____

Application Date: _____

CHLO Membership is for one calendar year, from January thru December (Dues are \$35). Signed/completed form and dues payment is required to complete your registration. Please contact Kathy Kyrish, Membership, if you have any questions regarding membership (kmkyrish@gmail.com, 512/497-0434).

Make check payable to: **Cimarron Hills Ladies Organization**. (Please return this form with check to: Kathy Kyrish, 103 Flint Ridge Trail, Georgetown, TX 78628)

____ Check here if you are a first-time CHLO member.

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Birthday (Month/Day only): _____ Spouse's Name: _____

Authorization and Release of Liability/Passenger Information Form Indemnification Statement

Activity: **ALL CHLO Activities and Events** Date of Activity: **2026**

Indemnification: I, _____ recognize and voluntarily assume the risks associated with my participation in any/all 2026 events organized by the **Cimarron Hills Ladies Organization** and agree to indemnify, hold harmless and release the **Cimarron Hills Ladies Organization**, its officials, agents, employees, assigns, officers and volunteers from and against any and all actions, claims, costs, damages, and court costs, including attorney's fees, arising from or in any way associated with or attributed to my participation in activities or events or the use of any **Cimarron Hills Ladies Organization** facility, equipment, or motor vehicle which may be used in the furtherance of the aforesaid activity, including malfeasance, misfeasance or nonfeasance.

*I have carefully read this authorization and release of liability and fully understand its contents. I am aware that this is a release of liability and a contract between the **Cimarron Hills Ladies Organization** and me and I sign it of my own free will. Disputes shall be settled by arbitration.*

Signature of Participant: _____ Date: _____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Relationship to Participant: _____ Phone: _____

Cancellation Policy: CHLO reserves the right to cancel any activity and refund deposits if the needed number of participants is not met. No one will be able to participate in any CHLO authorized activity unless this Authorization and Release of Liability/Passenger Information Form is signed and returned to the Cimarron Hills Ladies Organization.