

----- **To join the Quantico Orienteering Club** -----

Fill out this short form. QOC members receive the club newsletter, the FORMLINE, keep up-to-date with club activities and receive a \$4 discount at all local events.

Name (please print): _____ **Birth Yr.:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

E-Mail address: _____

Occupation: _____ **Place of Employment:** _____

How did you initially hear about QOC? _____

Annual membership fees: (check one) _____ Individual: \$20; _____ Family: \$30

For family memberships only, list family members and their birth years:

Please clip and mail this form and fees to:
(make check payable to "QOC")

George Ford
207 Woodhill Dr Apt B
Glen Burnie, MD 21061

OR turn this membership form in at any QOC event.

Waiver of Responsibility

I, the undersigned, know that Orienteering, as an outdoor action sport, carries significant risk of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks which, in combination with my actions, can cause me serious, or possibly even fatal injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, and not the organizers and officials of an event, the land owners or managers, or any sponsors, am responsible for my safety while I participate in an event. In consideration of the acceptance of this form, intending to be legally bound, I do for myself, my heirs, executors, and administrators, waive and release any and all claims or damages I may have against any and all land owners, Quantico Orienteering Club, the United States Orienteering Federation, and their representatives, successors and assigns, for injury by, during, or resulting from a Quantico Orienteering Event.

Signature _____ **Date:** _____