



Federal Way Amateur Radio Club

WA7FW

Federal Way Amateur Radio Club
P.O. Box 23415
Federal Way, WA 98093
Web site: www.fwarc.org
E-mail: wa7fw@fwarc.org

Name: _____ Call: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone Day: _____ Eve: _____

E-mail: _____

Birth Date (Month / Day): _____

Application: New Referred by: _____
 Renewal

What is your license class? _____

Are you a member of ARRL? Yes No

Type: Regular \$26/Year

Family \$13/Year for each additional family member

Sponsoring Club Member _____

Interests	Training	Facilities	Club Activities
<input type="checkbox"/> HF CW/SSB	<input type="checkbox"/> Teach Class	<input type="checkbox"/> HF	<input type="checkbox"/> Field Day (June)
<input type="checkbox"/> HF Digital	<input type="checkbox"/> Attend Class	<input type="checkbox"/> VHF/UHF	<input type="checkbox"/> Attend/Operate
<input type="checkbox"/> VHF/UHF FM	<input type="checkbox"/> Public Service	<input type="checkbox"/> Packet	<input type="checkbox"/> Setup/Cleanup
<input type="checkbox"/> Packet	<input type="checkbox"/> Amateur Radio	<input type="checkbox"/> Computer	<input type="checkbox"/> Public Service
<input type="checkbox"/> Satellite	<input type="checkbox"/> Code		<input type="checkbox"/> Contest/Events
<input type="checkbox"/> SSTV/ATV	<input type="checkbox"/> VE		<input type="checkbox"/> Net Control
<input type="checkbox"/> Public Service			
<input type="checkbox"/> Emerg. Resp.			

Release and Indemnity Agreement

I state that I wish to participate in activities offered by the Federal Way Amateur Radio Club (CLUB). I RECOGNIZE THAT ANY CLUB ACTIVITIES MAY INVOLVE CERTAIN RISKS. I certify that I am aware of the risks involved in this activity, including but not limited to, the actions of any other club member, any participants or any other persons all of which may result in personal injury, death, property damage, and other losses.

IN CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN CLUB ACTIVITIES, I HEREBY RELEASE THE CLUB AND ITS INSTRUCTORS AND MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSE OF ACTION ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN ANY CLUB ACTIVITY. I PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THESE ACTIVITIES, AND FURTHER AGREE TO INDEMNIFY THE CLUB AND ITS MEMBERS AND INSTRUCTORS FROM ALL LIABILITY, CLAIMS, AND CAUSES OF ACTION WHICH I MAY HAVE ARISING FROM MY PARTICIPATION IN CLUB ACTIVITIES, THE ITEMS OF THIS AGREEMENT WILL SERVE AS A RELEASE AND INDEMNITY AGREEMENT FOR MY HEIRS, PERSONAL REPRESENTATIVE, AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING MINORS.

I further state that I am eighteen (18) years of age or older and legally competent to sign this release; that I understand these terms are contractual and not a mere recital; and that I have signed this document of my own free act. Parents or legal guardians must sign for all persons under eighteen (18) years of age.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS MEANING BEFORE I SIGNED THIS CONTRACT.

Name _____ Date _____

Guardian _____ Date _____

Club Use Only

Date Received: _____ Check No.: _____ Check Amount: \$ _____ Cash: \$ _____ By: _____