

## Release/Participation Form

**Event:** Monthly membership meeting and on property scheduled events of the G.R./Sparta Teen Club No. 50

**IN CONSIDERATION** of the acceptance of my son/daughter to participate in the above stated event, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have or which may subsequently occur to my son/daughter as a result of his/her participation in this event.

**THIS** Release is intended to discharge G.R./Sparta Moose Lodge No. 50, Loyal Order of Moose and Moose International, Inc., an Indiana Corporation, their respective agent (s) and employee(s) from and against any and all liability even though liability may arise out of negligence or carelessness on the part of the person(s) or entity(s) mentioned above.

**THE** terms hereof shall serve as a release and assumption of risk for my heirs, executors, successors, administrators and assigns in exchange for his/her participation in this event.

I, the undersigned, acknowledge that I am the parent/legal guardian of the participant and that my son/daughter is under no physical disability that would prohibit his/her involvement in this event. My signature indicates that my son/daughter has my permission to participate in this event.

My signature also indicates that should it become necessary for my son/daughter to receive first aid or medical treatment for injuries sustained from this event, my permission is granted for such treatment.

I, the undersigned, attest and affirm I have read this document and agree to the above statements.

Participant:

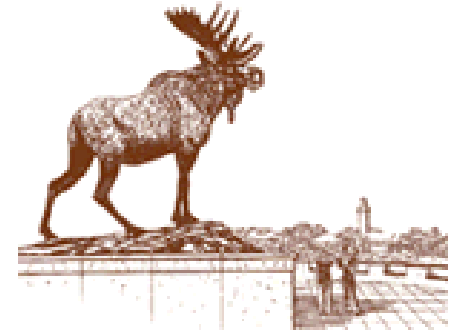
\_\_\_\_\_  
(Print/Type Name)

\*By: \_\_\_\_\_  
Signature of Parent/Legal Guardian

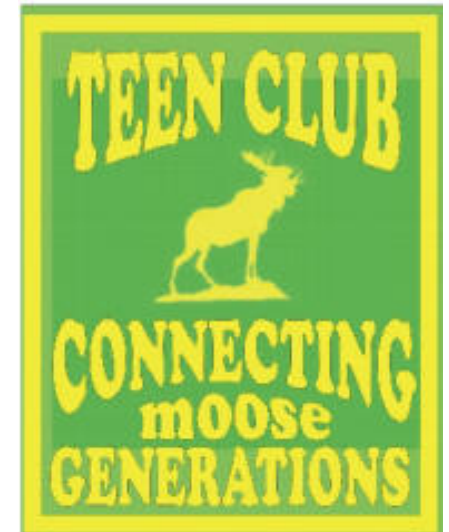
\*By: \_\_\_\_\_  
Signature of Parent/Legal Guardian

\* Both parents must sign! A form must be completed for each child.

## Loyal Order of Moose



## Teen Club No. 50



## Grand Rapids Sparta Moose Family Center #50

11510 N Division  
P.O. Box 45  
Sparta MI 49345

Phone: 616-887-7785  
Fax: 616-887-7795  
E-mail: ssmith@moose50.org

G.R./Sparta Moose Family Center #50

# Charter Members

# Applicant Information

Date of Application \_\_\_\_\_

Parent Name Printed \_\_\_\_\_

Emerg # \_\_\_\_\_

**Parent Signature Required on Back Of Form \*\*\*\***

Name \_\_\_\_\_  
(Please Print)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the above information is true and that no omission or concealment of information has been made of any fact or circumstance.

Signature of applicant \_\_\_\_\_

# Sponsor Information

I propose \_\_\_\_\_

For membership in the Moose Teen Club of Grand Rapids/Sparta Moose Family Center #50

Sponsor's Name \_\_\_\_\_

Sponsor's Telephone Number \_\_\_\_\_

Due's received with application \$ \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

## Dues

\$5.00 a year

Dues Paid Every Year By Expiration Date

Received of \_\_\_\_\_

Date \_\_\_\_\_

The sum of \$5.00 covering one years dues for the Teen Club No. 50, in Sparta Michigan

Sponsor's signature \_\_\_\_\_