2019 CAC Membership Application Form Current Manor # _____

The Chinese American Club of Laguna Woods Village - (CAC)

Section 1: Name and Address

	Last Name	First Name	中文姓名	Email
Person 1	_____	_____	_____	_____
Person 2	_____	_____	_____	_____

House #.:_____ Unit # _____ Street: _____

City: _____ State: _____ Zip: _____

Phone : _____(Home), _____ (Cell)

Annual membership fee is $15 per person. Please make check payable to Chinese American Club of Laguna Woods Village (or CACLWV) , mail the check together with this form to:

CACLWV
P.O. Box 3089
Laguna Hills, CA 92654

Check #:_____ Check Amount: $ _____ Check Date: _____ / _____ / _____
mm dd yyyy

Section 2: Waiver of Liability

(Each Member "new and renew" must fill up and sign this section)

I/We , _____; _____(__ husband and wife), hereby as member of CAC, agree to participate activity hosted by Chinese American Club of Laguna Woods Village (hereafter abbreviated as CAC), and agree to waive the right to make any claim for any injuries or damages, charges or expenses, including attorney fees which might be sustained as a result of my participation or transportation taken, therewith in an activity, against CAC and each of directors, officers, volunteers. (CAC is a registered club under GRF, the Golden Foundation of Laguna Woods (GRF), a California Non-profit Mutual Benefit Corporation, and Village Management Services. (VMS)).

I am / We are aware that the club activities present risk of injury to me. I/we, on behalf of myself/ourselves (husband and wife), my/our personal representatives, heir and next of kin, respectively and agree as follows:

I /we understand that the Club activities include inherent risks of injury to persons and property;

I /we agree that all exercises, activities, and use of involved facilities, equipment and services, programs or/and premises are undertaken by me/us and at my/our sole risk.

I / we are in good physical condition and have no disabilities, diseases, illnesses, or other conditions that could prevent me/us from the activities, and using the involved facility, and with no injuring or impairing my/our health.

I / we further understand that CAC does not provide any form of insurance for activity / program participants.

Signature: _____ ; _____
Print: _____; _____
Date: _____ (This waiver is effective from the date you signed extended to a full year or till next renew).

Section 3: Other Information.

興趣, 愛好或專長: _____ 樂意為本会服務嗎: _____ 是, _____ 可考慮。