

CENTRAL WYOMING CORVETTES (C.W.C)



PO BOX 50051, CASPER, WY 82605

APPLICATION FOR MEMBERSHIP FORM

Fill out form completely

Owner's Name:		Birth Date:	D.L. Number:	
Partner's Name:		Birth Date:	D.L. Number:	
Address:		City:	State/Zip:	
Day Phone/Cell:		Night Phone:	E-Mail:	
Year of Corvette:	License#:	Color:	Body Style:	
Year of Corvette:	License#:	Color:	Body Style:	
Insurance Company:	Policy#:	Recruited By:		

READ CAREFULLY

I/We the undersigned, being of lawful age, do for myself, my heirs, executors and assignees, hereby release and forever discharge the **Central Wyoming Corvettes**, other participants, and/or individual, group, corporations, or group of individuals sponsoring the event, his/hers/their heirs, administrators, executors, of and from any and every claim, demand action, of whatsoever kind of nature, either in law or in equity, arising from or by reason of any damages resulting or to result from any accident which may occur as a result of participation in any contest or event sponsored by **Central Wyoming Corvettes**.

The terms of this agreement are contractual and not mere recital. I/We further state that I/We have read the foregoing release and understand the contents thereof, and I/We sign my/our name(s) as my/our own free agent.

Signature:	Date:	Signature:	Date:
------------	-------	------------	-------