



# new curler registration

# Welcome to The Stevens Point Curling Club

We are so happy you have decided to join our curling family!  
Please check the membership you wish to register,  
sign the release form on the back, and return to the club  
**before October 26th along with your check.** See you soon!

If you have any questions,  
please contact Jack Konopacky at 341-2263.

## Stevens Point Curling Club

P.O Box 824  
Stevens Point, WI 54481

### 2008-2009 Club Memberships

- |         |                          |                     |
|---------|--------------------------|---------------------|
| Single  | <input type="checkbox"/> | \$115               |
| Family  | <input type="checkbox"/> | 210                 |
| Student | <input type="checkbox"/> | 75                  |
| Youth   | <input type="checkbox"/> | 40 (Saturdays ONLY) |
| Daytime | <input type="checkbox"/> | 85                  |
| Lockers | <input type="checkbox"/> | 20                  |

Total Enclosed \_\_\_\_\_ Check Number \_\_\_\_\_

***If paid before December 31st, please deduct \$10!***

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

***For The United States Curling Association ONLY***

\_\_\_\_ Under 21      \_\_\_\_ 22-54      \_\_\_\_ 55+

***Leagues start November 3rd!***

**AIG INSURANCE PROGRAM FOR CURLING CLUBS  
STEVE GUTRO, AGENT**

**PARTICIPANT RELEASE**

In consideration of being allowed access to the Ice House (as defined below) as a participant in any curling activity in the Ice House, I, the undersigned, for myself and my estate, successors, heirs, beneficiaries, administrators, trustees, representatives, and attorneys do hereby remise, release, acquit, and forever discharge (i) Stevens Point Curling Club (name of club), a Wisconsin (state) \_\_\_\_ Club \_\_\_\_ (type of entity) (the "Club"); (ii) the United States Curling Association ("USCA"); \*(iii) Regional curling association ( if any); (iv) the respective successors and assigns of each of the Club, USCA, and regional association; and (v) the respective employees, officers, and directors, but only while acting in their capacity as such, of each of the Club, USCA, and regional association (collectively, the "Releasees") from any and all actions, causes of action, claims, demands, and liabilities, both in law and equity for damages and any court costs and legal expenses and fees associated therewith in respect of physical, mental, and bodily injury occurring to me while participating in any curling activity in the Ice House prior to the Expiration Date (as defined below); provided, however, that in the event such injury was caused, in whole or in part, by the wilful, intentional, reckless, or grossly negligent action or failure to take action of any Releasee(s), such Releasee(s) shall not be so remised, released, acquitted, or discharged hereby; and provided, further, that nothing herein shall be deemed to limit or exclude any action, cause of action, claim, demand, liability, payment, reimbursement, other benefit, or any court costs or legal expenses and fees that I or my estate, successors, heirs, beneficiaries, administrators, trustees, representatives, or attorneys might have or seek against (a) the Club's "Participant Medical Accident" insurance coverage, (b) any other participant (including persons referenced in clause (v) above who are participants) participating in any curling activity in the Ice House, or (c) against any other person or entity other than a Releasee.

The Ice House shall mean the single room containing \_\_\_\_ 2 \_\_\_\_ (#) sheets of ice in which the sport of curling is played in the building located at \_\_\_\_ Country Club Drive \_\_\_\_ (street address), \_\_\_\_ Stevens Point (town/city), \_\_\_\_ Wisconsin \_\_\_\_ (state) owned and operated by Club. The Expiration Date shall mean the date which is one (1) calendar year after the date this Release is executed below.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Participant Release on my own behalf.

I hereby revoke any and all releases of liability, waivers, and indemnifications previously executed by me in favor of any of the Releasees.

BEFORE SIGNING BELOW, I WAS GIVEN THE OPPORTUNITY TO READ THIS PARTICIPANT RELEASE AND TO CONSULT WITH AN ATTORNEY AS TO ITS SIGNIFICANCE. BY SIGNING BELOW, I UNDERSTAND THAT I AM WAIVING SIGNIFICANT RIGHTS. I UNDERSTAND THE MEANING OF THIS PARTICIPANT RELEASE AND THE RIGHTS I AM WAIVING. NOTWITHSTANDING THE FOREGOING, I HAVE CHOSEN, OF MY OWN FREE WILL, TO EXECUTE THIS PARTICIPANT RELEASE.

Date: \_\_\_\_\_ , 2008/2009 \_\_\_\_\_ (Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_