



West Jersey Astronomical Society - Application for Membership and Wavier

West Jersey Astronomical Society (also known as the Willingboro Astronomical Society and WAS) conducts its programs with the best interests of all participants in mind. The WAS attempts at all times to run programs that are instructional, enjoyable, and safe. Further, the activities of the WAS are designed to advance the WAS's educational, motivational, and charitable objectives.

Nonetheless, participants must understand that some of the activities of the WAS may involve inherent risks and hazards for which the WAS cannot be held responsible. Because of the nature of WAS activities, injuries may still result even after the property owner has taken reasonable precautions. It is acknowledged that the WAS cannot be held responsible in the event that injury occurs. Some possible risks include contact with wildlife, biting or stinging insects (potentially contracting Lyme Disease), falling, cuts, bruises, sprains, fractures, tripping, and walking on uneven surfaces in dark or low-light areas. I understand that the risks listed above are not complete, and other risks exist. I agree to assume responsibility for the inherent risks and those not explicitly identified. My signature below authorizes the membership to act for me according to their best judgment in the event of a medical emergency. By signing below, I grant permission for emergency medical treatment via E.M.S., rescue squad and/or hospital if needed. Any such action will be taken in my best interest and will be reported to the emergency contact I provided. I wave and release WAS from all liability and/or financial responsibility for any medical expenses incurred.

The undersigned represents no known legal, physical, or health reasons why he or she or the participating child (if the participant is a minor) cannot fully participate in the program's activities. In addition, I agree to waive and release all future claims, demands, or causes of injury or death arising out of or in any way from or with such person's participation in such a program. I further agree to indemnify and hold harmless WAS, their agents, officers, directors, volunteers, servants, or employees from and against such claims, demands, or causes of action. Furthermore, I assume all responsibility for the safety and security of my equipment and property brought to club events. I recognize that no security is provided besides what I provide myself. I waive all claims for damage, loss, or injury arising from any club event.

The undersigned grants West Jersey Astronomical Society full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet or trade, all photographs taken by the WAS and its agents, of me, my spouse, and/or my child while participating at the WAS's events.

Finally, by signing below, the undersigned hereby acknowledges that it is understood that West Jersey Astronomical Society (WAS) is a nonprofit corporation organized exclusively for charitable and educational purposes and, as such, is immune from liability for the negligence of its agents, officers, directors, volunteers, servants, or employees under N.J.S.A. 2A:53A-7. I further agree that I have read, understand, and agree to follow the Terms of Use, Club Rules, and Club By-Laws.

Print Name: _____ Signature: _____ Date: _____

Spouse Print Name: _____ Signature: _____ Date: _____

Names of Minors covered by this agreement (under age 18) and shall be accompanied by an adult:



West Jersey Astronomical Society - Application for Membership and Wavier

Check one: New Member Application Current Member Renewal

Member Name (must be 18yrs or older): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

- I authorize WAS to enroll and communicate with me via the club's Google Group via the E-mail provided above. (you can unsubscribe at any time)

Membership Profile:

Spouse's Name: _____

Household Minors Name(s) (under the age of 18):

Emergency Contact Information:

Name: _____ Relationship to you: _____

Phone(s): _____

Membership Dues:

Dues are \$30.00 per year, payable at the time of membership or in January for Renewals.

Methods of payment:

Cash: Bring this form and cash to the WAS Treasurer at a general meeting. Please do not mail cash.

Checks: Mail this form and a check payable to "WAS" send to:

WAS, P.O. Box 371, Gloucester City, NJ 08030-0371

General information about our club (meeting dates, calendar of events, locations, directions, etc.) can also be found on our website: www.wasociety.us