



Membership Form 2021

Name: _____ DATE _____

Address _____

Current Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Birthday (Month/Day only) _____ Spouse's Name _____

Dues -- Check one below and attach payment. Make your check payable to B. L. O.

I was a member in 2020 -- \$15.00

I was not a member in 2020 -- \$30.00

I joined after 7/1/2020 -- \$0 (but please complete this form)

I wish to buy a permanent Bentwater Ladies Organization name tag. Cost is \$15.

Print my name as _____

Do NOT submit fees for Antiques or Gourmet with your membership dues. The activity chair will contact you. Mail or drop off your forms and dues to Kay Pontious, 182 Wedgewood Dr.; Val Gerbino, 142 Creekwood E., LuAnn Banks, 3 Brookgreen Circle N, or Patricia Wright, 84 W. Shore Lane. Deadline to be in the Directory is 2/28/21.

AUTHORIZATION AND RELEASE OF LIABILITY

Indemnification Statement

Activity: Bentwater Ladies Organization Bus Trips and Events

Date of Activity: 2021

*Indemnification: I recognize and voluntarily assume the risks associated with my participation in **bus trips and events** organized by the Bentwater Ladies Organization and agree to indemnify, hold harmless and release the **Bentwater Ladies Organization**, its officials, agents, employees, assigns, officers and volunteers from and against any and all actions, claims, costs, damages and court costs, including attorneys' fees, arising from or in any way associated with or attributed to my participation in **bus trips or special event** or the use of any **Bentwater Ladies Organization** facility, equipment or motor vehicle which may be used in the furtherance of the aforesaid activity, including malfeasance, misfeasance or nonfeasance.*

I have carefully read this authorization and release of liability and fully understand its contents. I am aware that this is a release of liability and a contract between the Bentwater Ladies Organization and me and I sign it of my own free will.

Signature of Participant _____ Date _____

EMERGENCY CONTACT INFORMATION

First Name _____ Last Name _____

Relationship to Participant _____ Phone _____