

# AOMCI Wolverine Chapter

Membership Application for Calendar Year(s): \_\_\_\_\_

Type of Application: New \_\_\_\_\_ Renewal \_\_\_\_\_ Term: 1 yr (\$10) \_\_\_\_\_ 2 yr (\$20) \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you an AOMCI member? Yes \_\_\_\_\_ No \_\_\_\_\_ AOMCI membership is a mandatory requirement.

Waiver of Claims Contract: **YOU MUST READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING!**

In consideration of permission to participate in activities or events sponsored by the Antique Outboard Motor Club, Inc. (AOMCI) and its Wolverine Chapter (WC), I personally admit and acknowledge that hazards exist in the running of boats and outboard motors: there is a risk of injury, even if small, and that all hazards from water, boats, motors, or human error cannot be eliminated.

I acknowledge that I have been warned of the danger of injury or death existing in the running of boats and outboard motors, including the non-competitive use of racing-type boats;

I agree to assume the risk of injury or damage from AOMCI or WC activities and waive, personally and for my heirs, executors, or assigns, any and all claims, for negligence causing personal injury or property damage against the AOMCI, its Wolverine Chapter and its agents, servants, or employees;

and further, I agree to indemnify and hold harmless the AOMCI, WC and their agents, servants, or employees for any and all claims for injury or damage against the AOMCI or WC by myself, or my crew, agents, servants, and employees.

I also am fully aware that the AOMCI and WC do NOT provide me with any first-party liability insurance at this event; the only source for any such protection would be through my own personal home-owner's or boater's insurance policy.

In witness whereof, the undersigned has hereunto set his/her hand and seal below:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please double check the information provided herein to make sure it is correct to the best of your knowledge.*

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**Make out check or money order to Bill Shattuck. Give this completed application and your payment to Bill Shattuck at a Chapter meet or mail it to him at Bill Shattuck, 15837 Pine Street, Spring Lake, MI, 49456.**

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**Note: Dues are \$10 US per calendar year (Jan. 1st through Dec. 31<sup>st</sup>) and are not pro-rated. Note that if your dues for the year are not paid by March 15th, your name will NOT be in the annual member Directory published in the 2nd Chapter Newsletter of the year.**