



# Colorado's Premier Land Rover Club

P.O. Box 480864 • Denver, CO 80248 • www.solihullsociety.org

## Application for Membership/Renewal

*Please print all information clearly.*

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Land Rovers: \_\_\_\_\_

Past Land Rovers: \_\_\_\_\_

May we share the above information with other club members?  Yes  No

### Type of Application:

- New member
- Renewal

### Type of Membership:

- Single (S) -- \$40.00
- Family (F) -- \$50.00
- Out of state (O) -- \$30.00

### Waiver:

I/We, in consideration of my/our participation in the Solihull Society Land Rover Club, [hereafter referred to as club] do hereby release Solihull Society, its members, officers, sponsors, successors and assigns from any and all responsibility or liability for any and all claims, arising from or related to the activities and my/our participation in and all events sponsored and/or involving the club.

I/We understand and acknowledge off-highway driving is a hazardous activity with inherent dangers, which can result in severe property damage, serious bodily injury and/or death. With full knowledge of such risks, hazards and potential for damage, injury or death, I/We voluntarily and knowingly assume such risks and hazards and agree, that the club, its members, officers, sponsors, successors and assigns shall not be liable in any way, to me/us for any claims for damages, injuries or death resulting from my/our participation in the club's events.

I/We acknowledge my/our vehicle is in good mechanical condition, and said vehicle is insured for bodily injury liability insurance and personal injury protection insurance and/or medical payment coverage, as required by its' state of registration.

I/We are advised to consult with our insurance broker/agent about availability of and adequacy of present medical payment coverage should I/We and/or our passengers sustain bodily injury, while operating my/our motor vehicle.

I/We further acknowledge the driver/operator of the vehicle is licensed to operate a motor vehicle and the license is not under suspension.

This waiver/release of liability is binding on our heirs, insurers, personal representatives or assignees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Club Use Only:

- |                                       |                                          |
|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Cash         | <input type="checkbox"/> Email to member |
| <input type="checkbox"/> Check #      | <input type="checkbox"/> Roster          |
| <input type="checkbox"/> Quicken      | <input type="checkbox"/> Member card #   |
| <input type="checkbox"/> Deposit slip | <input type="checkbox"/> Welcome packet  |