

Gold Bridge Community Club

Membership Form

goldbridgecc@gmail.com

Name: _____

Address: _____

Telephone: _____

Email: _____

Date: Membership Year January 1 - December 31, 2018

Choose Membership

Check box

Gold Bridge Community Club Only

Single **Family**

<input type="checkbox"/>	<input type="checkbox"/>
\$10.00	\$20.00

****Add following Memberships****

Golf Membership Yearly

<input type="checkbox"/>	<input type="checkbox"/>
\$40.00	\$80.00

Gym Membership

Drop In Fee: \$2.00

Monthly **Yearly**

<input type="checkbox"/>	<input type="checkbox"/>
\$10.00	\$80.00

NO MINORS under the age of 16 in the gym. The code for the gym will be emailed to the address stated above. Please note that this code will be changed every two months.

Total Paid

\$ _____

Gold Bridge Community Club

Liability Release Form

I understand that participation in all the events and activities could include actions or tasks which might be hazardous to the individual named on previous page.

By signing below, I assume any risk of harm or injury which might occur to myself due to my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from the participation in the above named event or activity.

If any participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Print Name of Participant _____

Signature of Participant _____

If Participant is a minor

Signature of Participant _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Dated: _____