

14th O.V.I. - 3rd Arkansas Membership Waiver

Name _____

Address _____

City _____ State _____ Zip _____

Telephone(____) ____ - _____ e-mail address _____

The 14th O.V.I. /3rd Arkansas is a non-profit organization organized exclusively for educational and charitable purposes within the definition of section 501c (3) of the Internal Revenue Code.

By signing below, I acknowledge that I am solely responsible for providing my own health or accident insurance.

The corporation does not carry or subscribe to any form or type of health, liability, or disability insurance for its members. Nor is the corporation responsible for the loss or damage to any personal property or equipment.

I recognize that there is some inherent danger in the type of events sponsored by the corporation. Although every prudent effort to provide a safe environment will be made, accidents can happen. Therefore, I will not hold the corporation, its officers, or members responsible for any accidents, which occur at any event sponsored by such corporation.

Signature _____ Date _____
(Legal guardian if member is a minor.)

Witness _____ Date _____