

Office Use Only
Alias _____
Date Paid _____
Amount _____

Texican Rangers

2010 WAIVER/MEMBERSHIP APPLICATION OR RENEWAL Texican Rangers; PO Box 294713; Kerrville TX 78029-4713

Alias: _____ Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact Phone #: _____

SASS #: _____ RO1 RO2 Email address: _____

NEW MEMBER ONLY: Initiation Fee \$25.00 (per family – one time fee) \$ _____

Annual Dues: \$24.00 per person / \$48.00 family max. (prorated by month) \$ _____

TOTAL \$ _____

TEXICAN RANGER MEMBERS AND NON-MEMBERS

I, the undersigned, do hereby release and discharge the Texican Rangers and their representatives, agents, servants, directors, employees and or any land owner or operating facility associated with the Texican Rangers, from any and all liability of every kind and character, howsoever arising, including bodily injuries and loss or damage of property, sustained by me, my guest, and any other person or entity, having or asserting claims or rights, by, through, or under me; and I do covenant and agree to HOLD HARMLESS AND INDEMNIFY the said entities and persons from any claims of the nature released or discharged, arising by, through, or under me INCLUDING, WITHOUT LIMITATION, ANY CLAIMS ARISING OR ALLEGED TO ARISE FROM THE SOLE NEGLIGENCE OF ANY SUCH INDEMNITEE. I AM SIGNING THIS DOCUMENT FOR THE PURPOSE AND CONSIDERATION EXPRESSED AS MY FREE ACT AND DEED.

This is a legal and binding obligation from date of signature to 31 December 2010, inclusive.

1. Alias: _____ Name: _____

Signature _____ Date _____

2. Alias: _____ Name: _____

Signature _____ Date _____

3. Alias: _____ Name: _____

Signature _____ Date _____

4. Alias: _____ Name: _____

Signature _____ Date _____

(Adult must sign for a minor)