

WOMEN ON A ROLL RENEWAL FORM



Renewal: \$70; Second member at same address: \$35

Payment Options (If no information needs to be updated):

Check: Mail to Women On A Roll, P.O. Box 5112, Santa Monica, CA 90409-5112

Paypal: Online at womenonaroll.com, Membership Page.

Credit Card: Call 310-578-8888 or email woar@aol.com your account # and expiration date. **It is only necessary to complete and return this form if any of your information has changed (i.e. address, email, etc.).**

MEMBERSHIP PROFILE *(Please Print) All information provided remains confidential.*

First Name:		Last Name:	
E-mail Address:		Birthdate:	Age (optional):
<small>SECOND MEMBER AT SAME ADDRESS</small>			
First Name:		Last Name:	
E-mail Address:		Birthdate:	Age (optional):
Street Address:			
City:		State:	Zip:
Home Phone: ()		Work Phone: ()	
Fax: ()		Occupation (optional):	
Please rate your overall satisfaction with WOAR this past year. Circle one:			
<input type="checkbox"/> Extremely Satisfied <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Average <input type="checkbox"/> Somewhat Satisfied <input type="checkbox"/> Not At All Satisfied			
Please explain _____			
If you answered "Extremely" or "Very Satisfied," please share a brief personal testimonial. This can be about a specific experience, friend(s), romance or just in general how you feel and what you have enjoyed most about WOAR.			

May we use your comments with your name attached in any of our promotional material and/or on our website? Yes___ No___			
Please list in order of preference your favorite WOAR activities this year			
1. _____		2. _____	
		3. _____	
Please list your top three travel destinations:			
1. _____		2. _____	
		3. _____	
What other social, cultural or sporting events/trips would you like the club to organize?			

Are you willing to volunteer? YES NO			
Are you able to provide your home for: MEETING PLACE SOCIAL EVENT			
Emergency Contact Name:			
Relationship:		Phone: ()	
No. of Memberships _____		Amount Enclosed \$ _____	
		<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Account Number: _____		Expiration Date: _____	
Signature: _____		Today's Date: _____	

Please feel free to submit additional suggestions, ideas, and/or comments on a separate sheet.

Please read and complete waiver on back side of this page.

ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any Women On A Roll (WOAR) sponsored activities ("Activity") I, take the following actions for myself as well as for my personal representatives, assigns, heirs, and next of kin:

1. I ACKNOWLEDGE, agree and represent that I understand the nature of the sporting and social activities and travel events offered by WOAR, and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of travelling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) SPORTING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“Risks”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE WOAR, its administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

4. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT

ADDRESS

PHONE

PARTICIPANT’S SIGNATURE (must be over 21 to join)

DATE
