Albuquerque Rocket Society Membership Form / Liability Waiver

LIABILITY WAIVER FOR THE ALBUQUERQUE ROCKET SOCIETY (ARS) LAUNCHES
THIS "TRIPOLI ROCKETRY ASSOCIATION" INC. LIABILITY WAIVER AND RISK DISCLOSURE IS REQUIRED TO FLY AT ANY ARS LAUNCH.

I THE UNDERSIGNED:
(1) Assume all of the risks, damages, injury, or even death.
(2) Assume the obligation to exercise the utmost care in pursuit of my activities at these events.
(3) Will make no claims against the National Association of Rocketry or, Tripoli Rocketry Association inc.
(4) Will make no claims against the landowner, Amrep Southwest, Inc.
(5) Will make no claims against the Albuquerque Rocket Society (ARS).
(6) Will make no claims against any member of the Albuquerque Rocket Society.

The Tripoli Rocketry Association Inc., cannot be held responsible for failure of other participants to abide by the safety code, rules, and regulations established by these organizations.
NOTE: You must be a certified member of the National Association of Rocketry or the Tripoli Rocketry Association Inc. to fly High Power Rockets (Class H or above) at any rocket launch.

PRINT FLYERS NAME(s) _____

FLYER'S SIGNATURE _____ Date _____

(Must be eighteen years old or older to fly without parental consent)

Adults/ Parent name and signature is required for flyers under eighteen years of age.

PRINT ADULT/PARENT NAME _____

ADULT/PARENT SIGNATURE _____ Date _____

MEMBERSHIP FORM Yearly dues are as follows: Individual or family-$30.00; Junior (under 18)-$15.00. All new member dues are pro-rated from January 1 and are non-refundable. Please fill out this form and mail along with payment to: Tracy Small, ARS Treasurer, 816 West Ella Drive, Corrales, NM 87048.

Name _____ Age _____ Date _____

Home Address _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Are you an existing ARS Member? YES ☐ NO ☐ If yes, ARS Membership Number# _____

Are you a Tripoli ☐ or NAR ☐ member? _____ Membership# _____ Cert Level _____

Where did you hear about the ARS? _____

PAYMENT INFORMATION

Amount Received _____ Date _____ Cash ☐ Check ☐ Check# _____

Received By: Name _____ Signature _____

ALBUQUERQUE ROCKET SOCIETY MEMBERSHIP DUES RECEIPT - Member Copy

Amount Received _____ Date _____ Cash ☐ Check ☐ Check# _____

Received By: Name _____ Signature _____

Please allow 10 days for processing. Membership inquires may be made to membership@arsabq.org.