MEMBERSHIP FORM

January 1 – December 31, 2011

Name: _____

Home Address: _____

_____

City: _____ State: ____ ZIP: _____

Phone: (hm)_____

(wk) _____

***E-mail:** _____

Birth Date: _____ Gender: _____

TYPE OF MEMBERSHIP: PLEASE CIRCLE

Athlete B1 -- totally blind

Athlete B2 -- best corrected vision is 20/600 and up

Athlete B3 -- best corrected vision is 20-200 - 20/599

Athlete B4 -- best corrected vision is 20/70 - 20/199

Volunteer **Guide/Pilot** **Coach**

Official **Military/Veteran**

Other: _____

Membership Rates

(Check one)

☐ Junior member $25
(under 21)

☐ Adult member $35
(21 and over, including athletes, officials, guides, coaches, tandem pilot).

☐ Alumni member $20
(Former athletes who no longer participate as an athlete or coach)

☐ Lifetime member $200

☐ Donation $___

Please consider making a tax-deductible contribution in addition to your membership fee.

Payment AX/VISA/Master card

Name on card_____
Card Number_____
Expiration Date_____
Authorized amount_____
Signature_____

Please check the sport(s) in which you plan to participate:

_____Goalball **_____Swimming** **_____Powerlifting** **_____Tandem Cycling**

_____Judo **_____Nordic Skiing** **_____Alpine Skiing** **_____Track and Field**

_____Bowling **_____Triathlon** **_____Rowing** **_____Other_____**

Signing this application attests to an agreement to the WAIVER form on the reverse side:

_____ _____

Applicant's Signature **Date**

UNITED STATES ASSOCIATION OF BLIND ATHLETES (USABA)
WAIVER FORM

NOTE: This waiver must be reviewed and agreed to as condition of USABA membership before the applicant is allowed to take part in any training, competition, meeting or testing sessions.

By signing the two-page membership form, the participant affirms having understood all terms and conditions.

In consideration of my involvement under the auspices of USABA at authorized training and competition sites, I acknowledge and agree to the following:

1. I risk bodily injury, including paralysis, dismemberment and death as well as loss or damage to property;
2. I knowingly and freely assume all such risk;
3. I hereby authorize and give my full consent to USABA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any USABA event. I further agree that USABA may transfer, use or cause to be used these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations; and
4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the United States Association of Blind Athletes, their officers, officials, agents and/or employees, with respect to any such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

For athletes of minority age – (under 18 at time of registration), this is to certify that I, as a parent/guardian of this participant, consent to his/her release of the United States Olympic Committee and the United States Association of Blind Athletes from any and all liabilities incident to his/her involvement in the programs conducted at authorized training and competition sites.

_____ _____

Parent/Guardian Signature Date Signed