



Amarillo Balloon Association
 709 S. Van Buren
 Amarillo, Texas 79101
 (806) 367-8311

2009 MEMBERSHIP FORM AND RELEASE

Last Name		First Name	
Address			
City		State	Zip Code
Email Address			May we publish your information in our directory ____Y ____N
Home Phone	Work Phone	Cell Phone	FAX (if applicable)

BALLOON/PILOT REGISTRATION (To be completed if you are enrolling your balloon into membership)

Registration Number N	Pilot License #	Please include a photograph of your balloon with your registration. Digital format would be the best and can be submitted via email to artwork@balloonamarillo.org.
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CREW REGISTRATION (To be completed if you are enrolling as crew only)

Type of Membership

Please check the following areas of Expertise:

<input type="checkbox"/>	Crown Line	<input type="checkbox"/>	Other (Please list below)
<input type="checkbox"/>	Fran Operation	<input type="checkbox"/>	
<input type="checkbox"/>	Balloon Inflation Technician	<input type="checkbox"/>	
<input type="checkbox"/>	Skirt Operations	<input type="checkbox"/>	
<input type="checkbox"/>	Removeable Ballast	<input type="checkbox"/>	

_____ **Adult Member (\$15)**

_____ **Teen Member (\$10)**

Requires R02 Form

_____ **Junior Member (\$0)**

Requires R02 Form

- THIS IS A RELEASE, READ BEFORE SIGNING -

I agree that the Amarillo Balloon Association and the respective officers, directors, employees and agents (hereinafter, the **"RELEASED PARTIES"**) shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any A.B.A. activities and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all A.B.A. members and their guests participate voluntarily and at their own risk in all A.B.A. activities and I assume all risks of injury and damage arising out of the conduct of such activities. I release and hold the **"RELEASED PARTIES"** harmless from any injury or loss to my person or property which may result from my participation in A.B.A. activities and events.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE **"RELEASED PARTIES"** FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THE ASSOCIATIONS DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the **"RELEASED PARTIES"**.

Dues Paid: _____	Entered: _____	MEMBER ID: _____	FOR OFFICE USE
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Your Signature

Date