New Member Application Form For the Newcomers Club of Cobb County (NCCC)

Please print clearly

Date	Last Name
First Name	Spouse's Name
Address	
City	Zip Code
Home Phone	Cell Phone
D.O.B. (Month & Day or	ly) Email Address
In Case of Emergency (I	E) Contact Name
Relationship	Contact number
How did you learn abou	t NCCC?
	ur website, please list those of interest to you:
joining, you will be give www.newcomersofcob	provides updates on all club activities, news, notices and a calendar. After password access to the Members Only section of our website county.com. Take time to read or print the monthly newsletter; access view our private Facebook postings of club events.
Annual Dues	
•	for June 1 st through May 31 st .
Your dues support the or speakers' gifts, raffle pr	ub's management, website cost, promotional materials, office supplies, zes, rental fees, etc.
	\$25.00 Annual dues
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Please complete this form and the Waiver form and mail both with your check to:

Newcomers Club of Cobb County

P.O. Box 674431

Marietta GA 30006

We welcome you to our club and look forward to getting to know you!

Newcomers Club of Cobb County GENERAL WAIVER AND RELEASE

IMPORTANT NOTICE - Please Read Carefully and Sign Below

- 1. I, the applicant signing below, wish to take part in services, facilities, activities and/or programs organized by NEWCOMERS.
- 2. I hereby agree that the use of and participation in the services, facilities, activities and /or programs of NEWCOMERS is at my own risk. As a condition of my use of and participation in such services, facilities, activities and/or programs, I, on behalf of myself, my heirs and assigns, expressly agree to forever discharge, waive and release NEWCOMERS, its management, officers, directors, members, volunteers, staff, servants, agents, employees and/or independent contractors and their heirs, successors and assigns (collectively, the "Released Parties") from any and all suits, claims, demands, injuries, illness, controversies, rights, promises, debts, liabilities, obligations, costs, expenses, actions and causes of action of every nature, character, and description, in law or in equity, whether presently known or unknown, vested or contingent, suspected or unsuspected, and from all actions of active or passive negligence on the part of the Released Parties that I now have, may have or acquired against the Released Parties arising under, relating to, in connection with or on account of bodily injury or illness, mental injury and/or property damage from, any mishap, accident, loss, damage, illness or injury suffered by myself or others resulting from, connected with or caused by the NEWCOMERS services, programs, activities and/or facilities.
- 3. I agree that I will abide by all the rules and regulations of NEWCOMERS, which may be issued orally and/or published in NEWCOMERS Bylaws or newsletter. These rules may be amended at NEWCOMERS discretion. I understand and agree that my use and participation in NEWCOMERS services, activities, facilities and/or programs may be immediately terminated if my behavior is not in accordance with the above.
- 4. NEWCOMERS does not assume any responsibility for any injury, illness, harm, loss or consequences participants and members may sustain while taking part in NEWCOMERS activities. NEWCOMERS merely organizes such activities by putting out schedules and meeting places. All participation by members and guest(s) is completely voluntary. NEWCOMERS is not responsible for any of the expenses incurred by participants in its activities and/or programs. Each individual member or guest participating in such activities and/or programs is responsible for his or her own participation expenses, as well as any expenses of potential consequences of such participation, now and in the future. Carpools are voluntary therefore drivers and car owners shall be held harmless. Members who are hosting events in their homes or facilities shall be held harmless as well.

I have read and understand the foregoing, and acknowledge my knowing and voluntary consent to the terms of this General Waiver and Release by signing the Agreement. I agree that this General Waiver and Release fully and accurately expresses my understanding and has not been modified orally or in writing.

Signature:		
Print Name:	Date:	

Please complete this form and send it to: