



KWAJALEIN YACHT CLUB

Unit 17001 Box 115

APO, AP96555

(805) 355-8038

www.kwajyachtclub.com

www.facebook.com/

KwajaleinYachtClub/

Dues Received _____

Card Made _____

MEMBERSHIP APPLICATION

(Please Print)

NAME _____ DATE _____

(As you wish it to appear on Membership Card)

PSC 701 BOX _____ APO, AP 96555

PHONE _____

(Home)

(Work)

EMAIL _____ Email Dist. List

RENEWAL

NEW

MEMBER

MEMBERSHIP TYPE:

Dues for **New Memberships** received after July 1 are reduced 50%.

SINGLE -- \$80 annually

FAMILY -- \$120 annually

Spouse _____

(As you wish it to appear on Membership Card)

Sailboat Owner

Powerboat Owner

Spouse

Email

(Email Address)

(Boat Name)

I/We understand that the Yacht Club is run solely by volunteers, and that all members are expected to donate a minimum of 8 hours per year of time to support the club.

I/We are interested in volunteering with:

Ship Store Sales

Event Organization

Maintenance/Mowing

Meeting Meal Prep

Purser's Receipt-Membership

Member Name _____

AMOUNT PAID _____ Check # _____ or Cash

Received by _____

I, _____, understand and agree that in consideration of my being allowed to join Kwajalein Yach Club (KYC), a nonprofit voluntary social activity, that neither the KYC, nor any officer, employee, agent, assigns or member acting in an official capacity (hereafter referred to as "Released Parties") may be held liable or responsible in any way for the injury, death, or other damages to me or my family, heirs or assigns that may occur as a result of my participation in the activities of the KYC or as a result of the negligence of any party, including the Released Parties, whether passive or active. I understand that any KYC activities to include but not limited to attendance of events, participation in activities, volunteer work associated with maintenance, and sailing, involves certain inherent risks. I further understand that the activities of the KYC may subject me to the possibility of harm, injury, or damage and I voluntarily, knowingly, and personally assume all risk in connection with said membership in the KYC. I further save and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my association and membership in the KYC.

I understand that Sailing is a physically strenuous activities and that I may be exerting myself during activities associated with the KYC, and that if I am injured as a result of such physical activity that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further understand that the US Government, its agencies, employees, agents and contractors are not associated with KYC, and I hereby include them with the Released Parties and release them from any liability or responsibility in any way for any injury, death, or other damages. It is my understanding that this waiver does not affect any claims or rights under any private or other employer based medical insurance policy. I further state that I am of lawful age and legally competent to sign this release, or that I have acquired the written consent of my parents or guardian.

I understand that the terms herein are based upon the contractual relationship that I have entered into with the KYC, and it is no mere recital. I have fully informed myself of the contents of this liability release and express assumption of the risk by reading it before I signed it on behalf of myself and my heirs.

I agree and acknowledge that I am under no pressure or duress to sign this agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this agreement if I desire.

By signing below, I acknowledge that I have been thoroughly briefed on and understand the above.

KYC Applicant Signature (if under 18, parent/guardian must sign) & Date

Updated March 2025