

**Susquehanna Rowing Association**  
**Application for Membership**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Wireless \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

If you are applying for a Student Membership, please list your school \_\_\_\_\_

Prior Rowing Experience \_\_\_\_\_

Annual Dues: Adult - \$150.00      Student (if under 22) -\$50

Family - each additional adult, with same address (2 max) \$75.00 each

Names: \_\_\_\_\_ e-mail \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

I hereby apply for membership in the Susquehanna Rowing Association. I certify I can swim, and, if accepted as a member, I agree to be governed by the provisions of the By-Laws and by the rules and regulations of the Association.

As consideration for being accepted as a member of the Susquehanna Rowing Association (SRA), I hereby exonerate and hold harmless the SRA, its officers and members, both for myself and my heirs, successors and assigns, from any liability for any injuries to myself, including death, which may occur in connection with any activities of the association, at the association, or as a result of my membership in the association. I further acknowledge that I have read this waiver carefully and understand I am waiving the legal right to sue for damages should I be injured in the future.

I promise to repay SRA the cost of repairing or replacing any of its equipment damaged or destroyed as a result of my negligence.

Enclosed is \$\_\_\_\_\_, one year's dues, which is required to accompany this application.

If the applicant is a minor, consent and approval of a parent or legal guardian including acceptance of the waiver or liability must be given.

\_\_\_\_\_ Signature of Applicant/Date

\_\_\_\_\_ Signature of Parent of Guardian/Date

Please return to: Susquehanna Rowing Association  
P.O. Box 7272  
York, Pennsylvania 17404