

CWN Waiver and Assumption of Risk

Revised 04/12/07

Mail to: CWN, PO BOX 752, STEVENS POINT WI 54481-0752

Central Wisconsin Network (CWN) was created to provide a way for single people to make new friends and share experiences. We are looking for new and long term residents of Central Wisconsin to join our organization. You'll meet lots of interesting people and have the opportunity to share in the fun with others with similar interests. Your membership entitles you to a newsletter and calendar of events, reduced or free admission to many CWN social events and dances, and a vote at CWN's annual meeting.

_____ I'd like to see what CWN is all about. Please send me one complimentary newsletter.

_____ I want to join CWN. My membership fee is enclosed. I am a _____ new member _____ renewing member.

I heard about CWN through _____ Recruiting Member Signature _____

The undersigned, as a condition of participating in the activities of the Central Wisconsin Network, Inc. (hereafter "CWN") and in partial consideration of his or her membership and the benefits of said membership, hereby waives any and all rights, claims, demands and judgments against CWN and its officers, directors, or agents for losses of any kind or nature, including personal injury, personal liability or property damage arising out of or relating to the members participation in the activities of CWN. Injuries as a result of participation in athletics or involving automobiles are especially excluded from insurance coverage. I understand that CWN may take photographs of participants and activities. I agree that CWN shall be the owner of and may use such photographs relating to the promotion of the organization. I relinquish all rights that I may claim in relation to the use of said photographs.

NOTICE: Members organizing or participating in activities may be held individually liable for damages to others resulting from their negligence. Members are therefore strongly advised to obtain adequate homeowners, auto, renters, and personal liability insurance.

SIGNED _____ Dated this _____ day of _____, 20_____.

If a new member, may we publish your name and city in the next newsletter? _____ YES _____ NO

I want to receive CWN mailings at the following address: (PLEASE PRINT)

Name _____ Address _____

City _____ State, ZIP+4 _____ - _____ Phone () _____

I would like to receive E-mails of the: Weekly Update ____ YES ____ NO (When available)

Newsletters will be e-mailed to all e-mail addressed members.

E-mail address: _____

The format of the directory includes two hobbies/interests per person. List below what you'd like to appear in the directory.

Hobbies and interests: 1. _____ 2. _____

If you **DO NOT** wish to be published in the directory, please check here _____.

If you join during:	The New period is:	Dues:
*Sept.,Oct.,Nov.	To following 9/30	\$40
December	01/1 to 9/30	38
January	02/1 to 9/30	36
February	03/1 to 9/30	34
March	04/1 to 9/30	32
April	05/1 to 9/30	30
May	06/1 to 9/30	28
June	07/1 to 9/30	26
July	08/1 to 9/30	24
August (13 mo.)	09/1 to following 9/30	48

OFFICE USE ONLY

Payment of \$ _____ Rec. on ____/____/____

Received by _____

In the form of: CASH (circle one) CHECK

_____ Deposited on _____

Temporary membership card

Issued _____ Not issued _____

Current Newsletter

Issued _____ Not issued _____

*Members renewing from previous year pay \$35 until Oct. 1. After October 1, membership renewal is \$40. Only NEW members are eligible for the revised cost.