



Z Club of San Diego

Membership Form



Active Full Member Renewal \$36.00 _____

Military/Student Full Membership \$21.00 _____

Associate Member Renewal \$21.00 _____

Membership renewals are due in March. Please, return this form along with your payment.

Indicate level of membership, sign and return this form with check payable to:

Z Club of San Diego
P.O. Box 710886
Santee, CA 92072-0886

*Thank you,
Clif Yaussi
Membership Coordinator*

Member Number	Membership Type

Please update as needed.

First Name		Last Name		Nick Name		Birth Date MM/DD	
SO First Name		SO Last Name		SO Nick Name		SO Birth Date MM/DD	
Street Address			City	State	Zip Code	Phone	
E-Mail Address				SO Email Address			
Z Car #1 Year/Model/Color		Z Car #2 Year/Model/Color		Z Car #3 Year/Model/Color			

Waiver and Release from Liability

This form limits Z Club of San Diego's liability. Read it thoroughly and sign below.

As a Member of the Z Club of San Diego (ZCSD), I am solely responsible for any damage or injury to third parties, or myself resulting from anything connected with ZCSD Events/Activities. I agree to fully indemnify and hold ZCSD, its officers and representatives harmless for or in any claim, loss, damage, injury or liability which may be asserted against them by me or by any third party as a result of my activity. The foregoing covenants of exculpation and indemnity are intended to be and are complete, general and without restriction and include but are not limited to negligence (active or passive) or willful, reckless or wanton activity. I further agree that my car will be operated by a licensed driver and that the driver will comply with all applicable provisions of the California Vehicle Code. I further warrant that I carry automobile liability insurance on the vehicle, meeting or exceeding all California statutory requirements and that this insurance will be in force and effect for all ZCSD Events/Activities in which I participate. I will not participate in any Event/Activity under the influence of any alcoholic beverages or other drug or drugs that would impair my ability to perform at ZCSD Events/Activities. This release will be active for all ZCSD Events/Activities in which I participate.

Member _____

Spouse(Significant Other) _____

Date _____