

2024 BEPC MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY	
NAME	PHONE
ADDRESS	CELL PHONE
CITY, STATE	ZIP CODE
E-MAIL	
\$	32/Year Membership
PayPal, Zelle, Square,	or Check OR Money Order (Payable to BEPC)
RELEASE & IND	EMNITY AGREEMENT
MAY INVOLVE CERTAIN RISKS. I certify	es offered by BEPC. I RECOGNIZE THAT ANY BEPC ACTIVITIES that I am aware of the risks involved in this activity, including but no members, volunteers, officers, participants or persons all of which ty damage, and other losses.
INSTRUCTORS AND MEMBERS FROM ARISING OUT OF OR IN ANY WAY CO AND FURTHER AGREE TO INDEMN VOLUNTEERS, OFFICERS, AND INSTACTION WHICH I MAY HAVE ARISING	ate in the BEPC activities, I HEREBY RELEASE BEPC AND ITS ANY AND ALL LIABILITY, CLAIMS, AND CAUSES OF ACTION NNECTED WITH MY PARTICIPATION IN ANY BEPC ACTIVITIES IFY AND HOLD HARMLESS TO BEPC AND ITS MEMBERS RUCTORS FROM ALL LIABILITY, CLAIMS, AND CAUSES OF FROM MY PARTICIPATION IN ORGANIZATION ACTIVITIES. The s a Release and Indemnity Agreement for my heirs, persona family, including any minors.
understand these terms, are contractual a	rs of age or older and legally competent to sign this release, which and not mere recital, and that I have signed this document as my owr sign for all persons under eighteen (18) years of age).
I HAVE FULLY INFORMED MYSELF READING IT BEFORE I SIGN IT.	OF THE CONTENTS OF THIS RELEASE AND INDEMNITY B
Signature	Date