

Capital District Mineral Club  
% Jim Palmer  
167 Maple Ave.  
Glenville, NY 12302

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## Membership Form

Date: \_\_\_\_\_

\_\_\_\_ New Member      \_\_\_\_ Renewal Membership (any previous member)

Membership Type: \_\_\_\_ Family (\$20)      \_\_\_\_ Individual (\$14)      \_\_\_\_ Student (\$8)

**Please make check to: Capital District Mineral Club**

Names(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Names of Children: \_\_\_\_\_ Total family members: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Do you wish to get the newsletter by \_\_\_\_ e-mail or \_\_\_\_ snail mail?

Did the member get? \_\_\_\_ Membership Packet      \_\_\_\_ CDMC club card(s)      \_\_\_\_ Eastern Federation Card(s)      \_\_\_\_ receipt

Membership end on 8/31. For new members only: members who join the club at the NYS Museum Mineral Show or after May 15 will have their membership extended until 8/31 next year.

### **CAPITAL DISTRICT MINERAL CLUB WAIVER REQUIRED FOR PARTICIPATION IN FIELD-TRIP ACTIVITIES**

The undersigned, in consideration of the privilege of attending field trips related to the collection and or study of rocks, minerals or fossils, or any other participation in events and activities, hereinafter being referred to individually as "Field Trip" and collectively as "Field Trips", hereby release the Capital District Mineral Club (CDMC) and officers, Field Trip Leaders and other members of the CDMC from any and all liability with respect to injury to person or property of the undersigned, free from cause whatsoever, which may occur while the undersigned or their children are attending or participating in any Field Trip.

The undersigned hereby acknowledges his/her understanding that rock, mineral or fossil collecting is an inherently dangerous activity which can result in serious bodily injury or death, and hereby confirms his or her voluntary assumption of the risk of such injury or death. The undersigned agrees to comply with any and all rules and restrictions which may be communicated to the undersigned by the CDMC and /or landowner with respect to the Field Trip.

The undersigned further agree and warrant that if at any time he/she believes conditions to be unsafe, he/she will immediately discontinue further participation in the Field Trip. This release is being signed with respect to all Field Trips conducted by the CDMC, until such time as the undersigned shall revoke this Release by written notice to the President of the CDMC.

**IN WITNESS WHEREOF**, and intending to be legally bound, the undersigned has signed this Release.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)