



**BELVOIR SPOUSES' CLUB  
(BSC)  
MEMBERSHIP APPLICATION  
2019 - 2020  
[WWW.belvoirspousesclub.org](http://WWW.belvoirspousesclub.org)**

Please Check One: _____ New Member    _____ Renewal	
Last Name:	
First Name:	
Street Address/PO Box:	
City:	State:                      Zip Code:
Home Phone:	
Cell Phone:	
Email Address (please print): Note all BSC correspondence is via email - monthly newsletter, luncheons, subclubs information, etc.	
Membership Eligibility: (Circle appropriate choice)	
Spouse	GS                      Associate                      Honorary                      Other(please explain)
Birth Month and Day:	
Spouse's First Name:	
Rank:	Branch:
Please Circle One:	
Active Duty	Retired                      Widow                      Foreign Nation Officer in MDW
Personal Donation to our Welfare / Scholarship Fund: \$ _____	
I would be interested in receiving information about open Board and or Committee Positions.    Yes _____    No _____ (No obligation is assumed with information request)	

<p style="text-align: center;"><b>*DUES (NON-REFUNDABLE)*</b>  <b>\$40.00 YEARLY (June 1 - May 31)</b>  <b>\$20.00 (January 1 - May 31)</b></p> <p><b>Please make checks payable to BSC and present application with the amount due to the Membership Chair or mail to:</b></p> <p style="text-align: center;"><b>BSC</b>  <b>PO Box 322</b>  <b>Fort Belvoir, VA 22060</b></p>	<p style="text-align: center;">Official Use Only</p> <p>Amount Paid: \$ _____</p> <p>Check #: _____</p> <p>Cash: _____</p> <p>PayPal: _____</p> <p>Taken by (Initials): _____</p>
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*By joining BSC you acknowledge that your name and Image may appear on the BSC website and social media.*

# BELVOIR SPOUSES' CLUB

2019 - 2020

## READ CAREFULLY - WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way with the *Belvoir Spouses' Club (BSC)* and related events and activities to *Belvoir Spouses' Club (BSC)*:

On this date, \_\_\_\_\_, I, \_\_\_\_\_, fully understand and acknowledge, appreciate and agree that indoor/outdoor events have:

1. The risk of injury from the activities involved in any *Belvoir Spouses' Club (BSC)* events, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE *BELVOIR SPOUSES' CLUB* or others and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from such and bring such to the attention of the *Belvoir Spouses' Club* immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNITY AND HOLD HARMLESS THE *BELVOIR SPOUSES' CLUB*; their officers, officials, agents and or membership, other participation, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used for the event of the *Belvoir Spouses' Club* with respect to any and all injury, death, loss or damage to person or property associated with any presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE *BELVOIR SPOUSES' CLUB* OR OTHERWISE, to the fullest extent permitted by law.
5. Each affirmative or "yes" RSVP incurs a financial responsibility for the luncheon payment of \$28.00, even if you are unable to attend the luncheon. All cancellations must be received no later than noon the Tuesday prior to the luncheon. As the *Belvoir Spouses' Club* member you are financially responsible for each of your guest's luncheon payments should they be unable to attend the luncheon and fail to meet the cancellation deadline.

**I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE ABOVE WAIVER AND RELEASE OF LIABILITY. BY SIGNING THE BOTTOM OF THIS WAIVER I AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS. IT IS MY INTENTION TO ACCEPT AND RELIEVE THE *BELVOIR SPOUSES' CLUB* FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**This is a private organization. It is not part of Fort Belvoir, the Department of Defense or any of its components and has no governmental status.**