



Chicago MSA

3023 N. Clark Street, #806, Chicago, Illinois 60657-5205
(312) 409-7932 www.ChicagoMSA.com

ALL INFORMATION YOU PROVIDE WILL BE USED FOR CMSA BUSINESS AND COMMUNICATIONS ONLY

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ Ext.: _____

Emergency Contact: _____ Relation: _____

Emergency Phone: (_____) _____ - _____ My Gender: Female Male New Member

My E-mail Address: _____ Returning Member

- Please send me:**
- CMSA League/Sports News
 - League Social Events
 - None

- I am signing up in:**
- Badminton
 - Soccer
 - Volleyball
 - Bowling
 - Softball
 - Flag Football
 - Tennis
- Team _____

*Submit our application
and \$20.00 fee to the
address above or
to your sports director.*

Chicago MSA inc. Release and Responsibility Agreement

I am applying for membership in Chicago MSA (CMSA), a not for profit, all volunteer, gay, lesbian, bisexual and transgender community service, sports and activities organization, and understand that this is in no way indicative of my sexual orientation. I am aware that I will become a full member only after my pending application (or future renewals) has been accepted by CMSA and my dues paid. I am also aware that my membership will end if my dues are unpaid at the beginning of a new membership period and may be revoked for just cause, as determined by CMSA. I pledge that I am 18 years of age or older and am providing my true and legal identity in applying for membership. I understand that any CMSA official may request legally acceptable identification from me at any time for any reason.

I will abide by all of the policies, rules and regulations adopted by CMSA and its programs and understand that any violation of the spirit of sportsmanship will be cause for immediate suspension and possible revocation of my membership.

I AM FULLY AWARE THAT MY PARTICIPATION IN ANY CMSA ACTIVITY, INCLUDING BOTH SPORTING AND SOCIAL EVENTS, MAY INVOLVE THE RISK OF PERSONAL INJURIES, PROPERTY DAMAGE OF LOSS. I UNDERSTAND THE SCOPE OF SUCH RISKS AND CONSENT TO THEM ASSUMING FULL RESPONSIBILITY FOR ANY INJURIES, PROPERTY DAMAGE OR LOSS SUFFERED TO OR BY ME, AGREEING AS FOLLOWS.

Every CMSA person (as defined below) and/or the Chicago Park District and/or owners and/or operators of facilities and locations where any CMSA events take place will be free of liability arising from any claims for all personal injuries, including death, property damage or loss that result to me, directly or indirectly, from my participation in any activity run in whole or part by CMSA. This release

from liability includes, but is not limited to injuries, property damage or loss caused by the negligence of any CMSA Person and by unsafe or defective equipment or premises whether foreseen or unforeseen. The term CMSA Person shall include CMSA itself, its members, sponsors, CMSA officers and director or any other person having any relationship to CMSA.

I AM AWARE THAT CMSA ADVISES ME TO REGULARLY VISUALLY INSPECT AN EQUIPMENT AND/OR PREMISES UTILIZED FOR THE PURPOSES OF CARRYING OUT CMSA ACTIVITIES, SO THAT I MAY MAKE MY OWN DETERMINATION AS TO WHETHER OR NOT SUCH EQUIPMENT AND/OR PREMISES ARE SAFE FOR MY PARTICIPATION.

I ASSUME FULL RESPONSIBILITY FOR ENSURING THAT I AM PHYSICALLY FIT AND CAPABLE OF PARTICIPATION IN ANY CMSA ACTIVITY, WHETHER THIS REQUIRES HAVING MEDICAL EXAMINATIONS OR OTHERWISE. I ASSUME FULL RESPONSIBILITY OF SECURING AND PAYING MEDICAL TREATMENT FOR ALL INJURIES I INCUR IN CONJUNCTION WITH ANY CMSA ACTIVITY.

I indemnify and will reimburse CMSA and/or the Chicago Park District for any cost it incurs, including legal fees, as a result of any injuries, property damage or loss that I cause while participation in any CMSA activity. My family, legal representative and assigns will be bound by this agreement so that no person will have greater rights or less responsibility than I have. I agree to be bound by this agreement during any entire calendar year during which I am a paid member at any time, even though my membership may expire, be suspended or revoked during the course of such given year.

I understand that this agreement is a binding contract and have fully informed myself of its contents before signing my true and legal name below. My signature attests to my understanding and acceptance of my agreement with Chicago MSA.

Payment Method: Cash Check/MO# _____

CMSA Dues \$ _____ League Fees \$ _____ Total Enclosed \$ _____

Payer: _____ Date: _____

Accepted By: _____ Form Signed

X _____ Date _____
Applicant's signature (membership not valid without signature)
Your CMSA Membership is valid from September 1 through August 31.