



Membership Verification Form

This form is completed once a year and kept on file with a copy of a valid driver's license, your auto insurance and the CURE Liability Acknowledgement Form and a Participant Information Form. Only a Reservation Request form will need to be completed with every reservation as long as this information is current.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell: () _____

E-mail address: _____ Date of Membership: _____

CURE Membership type: Individual Family Business/Organization Other

Names of family members in my household: (attach additional sheet if needed)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

As a member of CURE I agree to take responsibility for the members in my family and agree to the following:

- All parties will wear a lifejacket (PFD) All parties will wear footwear
- That there will be no drinking of alcohol before or during the scheduled trip
- All parties will agree to get off the water in the event of thunder, lighting, hail or severe storm conditions.
- All parties will be off the water at dusk
- Responsible for lost or broken equipment.
- Only the individual listed above or a registered guest will be in the CURE canoe/kayaks

Driving Record: By signing this form, I certify that I have not had a major traffic violation in the past three years. Initial: _____

By signing this form, I agree to abide by the conditions above, am responsible for my party and the information I am giving is true and accurate to the best of my ability.

Signature: (required) _____ Date: _____