



2018-2019 MEMBERSHIP FORM
Annual Membership Dues \$20
Annual Year runs June 1st - May 31st

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday (month/day): _____

Spouse: Name: _____

Rank: _____

Branch of Service: _____

Active or Retired: _____

Unit Assignment: _____

May we include your information in our membership directory? Yes___ No ___ include your e-mail in our group e-mail list? Yes___ No: ___

Newsletters will be distributed to the membership by email unless otherwise requested.

Please mail this form, the waiver and your dues (checks payable to OSC) to:

Cherry Point OSC/Membership

P.O. Box 2201

Havelock, NC 28532

For OSC Use Only: Date Paid: _____ Check # _____ Waiver: _____

HOLD HARMLESS AGREEMENT

In consideration of the privilege of allowing myself to participate in Cherry Point Officers’ Spouses’ Club (OSC) aboard MCAS Cherry Point, and further recognizing the voluntary nature of my participation, I, the undersigned person, intending to be legally bound, hereby promise to waive for myself, my guardians, heirs, executors, administrators, legal representatives and any other persons on my behalf, any rights and claims for damages, demands, and other actions whatsoever, including those attributable to simple negligence, which I may have against any of the following persons or entities: **the United States of America; the Department of Defense; the Department of the Navy; the United States Marine Corps; Marine Corps Air Station, Cherry Point, North Carolina; any and all individuals assigned to or employed by the United States, the Department of Defense, including but not limited to the Secretary of Defense; the Secretary of the Navy; the Commandant of the Marine Corps; the Commander, MARFORCOM; the Commanding General, Marine Corps Installations East; and the Commanding Officer, Marine Corps Air Station, Cherry Point;** in both their official and personal capacities, and entities’ representatives, successors and assigns; which said injuries arise out of my participation in such activities.

I EXPRESSLY, KNOWINGLY AND VOLUNTARILY ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITIES FOR MYSELF, and agree to hold the United States and the aforementioned parties harmless for any resulting injury. I understand that this assumption of risk agreement shall remain in effect until notice of cancellation is received by the Commanding Officer, Marine Corps Air Station, Cherry Point, North Carolina. I understand that, should I decline to execute this agreement, I will not be permitted to participate in these activities.

Signature of Participant _____

Printed Name of Participant _____

Witness Signature _____

Date _____

I hereby release and discharge the Cherry Point Officers’ Spouses’ Club (OSC) from any claims related to processing or publishing photographic material gathered and released upon its official website (www.cherrypointosc.org), its Facebook or other social networking page(s), and newsletters. Such materials will be recorded and used with the understanding that the content or theme thereof will be the following: Social Gatherings, Fundraising Events, and other OSC related functions.

Signature _____

Date _____