

Kingdom of Lucerne Inc.

Membership Application

Membership Information – Please print or type clearly

Membership Types: Single membership - \$15.00
Family membership - \$20.00 (first 2 people) \$5.00 each additional person

Primary Membership Information: (Circle one) NEW RENEWAL			
Legal Name			
Address			
City		State	
Country	Zip Code	D.O.B	
Phone (day)		Phone (evening)	
Email			
Persona Name			
Secondary Membership Information			
Legal Name			D.O.B
Phone (day)		Phone (evening)	
Email			
Persona Name			

Please list additional members on back of form. Include Legal Name, DOB, e-mail address, and day/evening phone. Include signature (if age 18 or over).

Signature acknowledges acceptance of Kingdom of Lucerne, Inc. consent to Participate and Release Liability (below). Voting rights of Family

Memberships may be limited to the Primary and Secondary Members. Please see our By-Laws for more information.+

Memberships are effective immediately upon receipt of properly completed membership applications and payment. Applications may take 3 to 4 weeks for processing.

Kingdom of Lucerne, Inc. consent to Participate and Release Liability

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the organization known as The Kingdom of Lucerne, Inc., a not-for-profit corporation (hereafter known as "Lucerne").

- I understand that Lucerne has rules that govern and restrict the activities in which I can participate. These rules include, and are not limited to: Articles of Incorporation, the By-laws, the various Laws and Rules for combat related activities.
- I understand that Lucerne makes no representation or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated, or maintained by Lucerne.
- I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so;
- I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property;
- I understand that Lucerne does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property;
- I understand that in exchange for allowing me to participate in Lucerne activities and events, I agree to release from liability, agree to indemnify, and hold harmless Lucerne, and any Lucerne agent, officer or Lucerne employee acting within the scope of their duties, for any injury to my person or damage to my property;
- This Release shall be binding upon myself, successors in interest, and /or any person(s) suing on my behalf;
- I have read the statements in this document. I agree with its terms and have voluntarily signed it;
- I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding to, its officers, agents, and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Primary Member Signature: _____ Date: _____

Secondary Member Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____ Date: _____

Please send check or money order payable to Kingdom of Lucerne, Inc. to:

Kingdom of Lucerne Inc., c/o C.Rietschy, 851 Sterling Ave. Brick, NJ 08723