



MEMBER INFORMATION FORM

MAIL THIS COMPLETED FORM TO:

USRC
PO BOX 765
MAHOMET, IL 61853-0765

Name _____

Address _____

City State Zip _____

Phone _____ E-Mail _____

I understand the inherent hazards and risks associated with participating in the USRC. I acknowledge that these risks, known and unknown, associated with participating in the USRC projects and activities may result in injury, illness or death. Such risks being known and unknown, I hereby for myself, as well as for my heirs, executors or administrators, fully accept and expressly assumes any and all risks and responsibility for injury, losses, costs and damages incurred by me, now and forever, arising out of, related to, or as a result of my participation in the USRC, whether foreseen or unforeseen and whether caused by the negligence of the releasees or otherwise.

Signature _____ Date _____