



United States Tug of War Association Membership Application

Please mail completed membership form and funds to: Kim Warren,
9502 Wilrich St., Apt. 301, Middleton, WI 53562

Membership Status (Please check one):

New Member (\$15) High School Member (\$15) Returning Adult Member (\$30)

Club Name: _____

First & Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____ (XXX-XXX-XXXX)

Date of Birth: _____ (MM/DD/YYYY) **Email:** _____

Gender: ____ **Year started:** _____

This is an application to become a member of the United States Tug of War Association. This application MUST be completed and accepted before full membership can be granted. The USATOWA is a not for profit organization. Please read the following conditions before you sign.

In consideration of my participation in the sport of tug of war the undersigned independently and collectively and on behalf of himself/herself, his/her heirs, legatees, personal representatives and all those claiming by or through him/her, contest to and does hereby discharge, release, and hold harmless the United States Amateur Tug of War Association from any and all claims, actions, losses, damages or expenses for personal or bodily (including death) and property loss or damage incurred by him/her or arising from or in connection with his/her participation in the aforementioned association. Any Individual whose initials do not appear on this form will not be considered for membership and therefore, disqualifies that individual from participation. By initialing the form here _____ you acknowledge that you may be drug tested. Failure to do so will prohibit your participation. If under 17 years of age a parent must initial here _____. By initialing the form here _____ you are agreeing that you have read the foregoing and are of legal age to consent to this waiver.

If the applicant is seventeen (17) years or under, this application must also be initialed by his/her legal guardian or parent. _____

Date Filled Out: _____ (MM/DD/YYYY)

Signature of USATOWA officer

Date