

2009 Constantine Super Meet Registration

Send completed form and check to: Rick Eichrodt, 5761 Southeastern Avenue, Indianapolis, IN 46203-5661. Make checks payable to Rick Eichrodt. Pre-registrations must be postmarked by June 14th, 2009.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ E-mail Address _____

Immediate Family Members Attending (please list): _____

AOMC Member [] Yes [] No Chapter(s) _____

Family Registration Fee (One household. ie. Parents and dependent children. . . . \$ **10.00**

Banquet Tickets – No. ____ @ \$9.00 ea (Adults) \$ _____

Banquet Tickets – No. ____ @ \$4.50 ea (Children 12 yrs & under) \$ _____

Swap Meet Space – No. ____ @ \$10.00 ea (10' x 20' approx.) \$ _____

If requesting multiple spaces, indicate side-to-side layout or front-to-back (circle one).

Camping Fee (\$5.00 for tents and vans, \$10 for motorhomes \$ _____

Total Cost \$ _____

*****This year, all pre-registrants will receive a free commemorative plaque for the Super Meet. These nice souvenirs will be given out with your packet upon reaching the meet. A limited number are being made, so don't get left out! Registrations must be postmarked by June 14th to qualify.*****

All adult family members must read and understand the liability release and sign to denote having done so. A parent or guardian must also sign for each family member under 18 years of age.

Liability Release

The undersigned person, by signing this document, does agree to assume all responsibility and liability for all his acts or activities, including any or all acts involving his assistants or crew, and for any or all damage or injury that may be caused by any or all of them or by his boat or motor or property or possessions. The undersigned person does hereby release the MOB and Great Lakes AOMC Chapters and any organization sponsoring, assisting, or granting permission for activities, together with their successors, assigns, officers, agents, assistants, representatives, employees, and spectators from any and all liability, claims, demands, and causes of action whatsoever which the signer may have or which may accrue in his favor against them or any or either of them in any way growing out of or resulting from said act, acts or activity or in connection with any vessel, dock, float, barge, equipment, or facility provided or used, whether or not same may be operated or controlled by them and whether arising while in preparation or practice, while participating in controlled activities or informal activities or subsequent thereto the signer assumes all risk of injury and damage to the person and property of himself and his assistants and guests, whether caused by the negligence or otherwise, and said signer agrees that no other agreement whether oral or written shall in any way effect his release. Furthermore, said signer certifies to the truth of all statements made and agrees to abide by all rules and to accept as final all decisions of properly authorized officials.

In witness whereof, the undersigned has hereunto set his hand and seal the day and year written below.

Signature _____

Date _____

Signature _____

Date _____

Name of Minor

Parent or Guardian Signature

Date

Name of Minor

Parent or Guardian Signature

Date