



Sacramento Valley Astronomical Society



Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

How Found: _____

- SVAS Membership -	Annual Dues	Check One	
		New	Renewing
GENERAL Membership: Individual and family members (in the same household) enjoy monthly star parties, The Annual STAR-B-Q, loaner scopes, telescope making, email forums, and more. . .	\$36.00	<input type="checkbox"/>	<input type="checkbox"/>

Amount: \$ _____

Additional tax deductible contribution: \$ _____

Total: \$ _____

By signing this application, I acknowledge that I am at least 18 years old, have accessed the SVAS website (www.svas.org), read and understand the SVAS bylaws and the rules governing the USFS Special Use Permit. In doing so, I agree to abide by the respective "terms and conditions" of each as they relate to the SVAS, use of its property and its facilities. I further understand and acknowledge that failure to abide by these "terms and conditions" can result in revocation of use privileges and/or SVAS membership.

Signature Required: **X** _____ Date: _____

Make check payable to SVAS and send to:
DO NOT SEND CASH

SVAS Membership Application
PO BOX 15274
SACRAMENTO CA 95851-0274

Note: It may take the SVAS Board of Directors 30 or more days to process and approve this application.

Sacramento Valley Astronomical Society (SVAS)
HGO Observatory Visit and Activities
Waiver and Release of Liability Agreement



THIS AGREEMENT MUST BE READ AND SIGNED TO PARTICIPATE IN ANY SVAS EVENT AND ACTIVITY AT HGO OR ANY OTHER LOCATION.

1. **Voluntary Participation:** I understand that my participation in SVAS events and activities is voluntary.
2. **Assumption of Risk:** I accept and assume all risks of injury, illness, death, or property damage arising from my participation in the activities or presence at the observatory and related facilities.
3. **Release of Liability:** I release SVAS, its officers, directors, members, volunteers and participants from any claims or liabilities arising from my participation in the activities, including exposure to COVID-19.
4. **Indemnification:** I agree that SVAS and its representatives will not indemnify me, and I will not indemnify SVAS and its representatives. However, I acknowledge that I am responsible for any damage I may cause to the property or equipment of SVAS during my participation in the activities.
5. **Medical Treatment:** I acknowledge that SVAS does not provide medical care and that I am responsible for any medical expenses incurred.
6. **Compliance with Rules:** I agree to follow all SVAS event rules. I understand that failure to comply may result in removal from the event.
7. **Photographic Release:** I grant SVAS permission to use photographs or videos taken during the event for promotional purposes without compensation.
8. **Severability:** If any part of this Agreement is found invalid, the remaining provisions will continue in effect.
9. **Minors:** All persons under the age of 18 shall be accompanied by a parent or guardian.
10. **Complete Agreement:** This is the complete agreement regarding my participation and supersedes any other agreements or representations.

Acknowledgement and Signature: I have read and understand this waiver and release of liability and agree to its terms. I sign this freely and voluntarily.

Participant Name: _____ Participant Signature: _____

Date of Event: _____ Date: _____