



## Dakota Weightlifting Club Contact Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Competitive member      Yes

   No

Initial \_\_\_\_\_

I understand that should I wish to compete at a sanctioned competition during the membership year that I will require a competitive Club membership and will be obligated to pay the Club dues at that time, as per the Club bylaws.

Initial \_\_\_\_\_

From time to time we photograph and/or record training sessions and competitions for educational and promotional purposes. I grant the Club the right without reservation or limitation, to photograph, videotape, and/or record me (and/or my child(ren)) and to use my (and/or my child(ren)'s) name, face, likeness, voice and appearance in connection with publicity, advertising and promotional materials. If you do not initial, your likeness will not be shared.

Please send annual membership fees (when applicable) to: **[dakotaweightlifting@gmail.com](mailto:dakotaweightlifting@gmail.com)**

Signature of Participant (or parent/guardian if participant is under 18 years of age)

\_\_\_\_\_

Date

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