



APPLICATION FOR INDEPENDENT MEMBERSHIP

Frank Pipal/FPUSA Secretary

PO Box 180, Kenwood

CA, 95452

Tel. & fax (call first) 707-833-2020

FPUSASECRETARY@COMCAST.NET

Please print or type except for your signature

Date submitted _____

MEMBER INFORMATION

As a member of the FPUSA you will be issued a player's license recognized by the member federations of the FIPJP which is the international governing body of the sport of petanque, with headquarters in France.

Your membership card will have your photo on it, this is required for your card to meet International Standards. It is mandatory for International Competition: At tournaments in France they collect the licenses of players and when they do they expect to see a photo on the license. Please provide a digital photo of yourself (passport style picture - no hats, no sunglasses) in JPEG or other common digital format submitted to this e-mail address: fpusasecretary@comcast.net

If you have absolutely no way to send a digital photo, you may include a small passport type photo with your application. This will be scanned and cropped as necessary. Once provided your photo will be re-used each year until you choose to provide FPUSA with an updated one.

Signed Waivers of Liability: Membership in the International Federation requires our members to be insured for third-party liability. FPUSA's insurers require each member to sign a "Waiver and Release" form common to all organized sports. No membership card can be sent until your signed waiver is on file with FPUSA. The form is attached as page two of this application. If you are under 18 years old, please e-mail the secretary for an under-eighteens waiver form.

The information requested below is needed for our insurance, newsletter mailing list and in order to print a Membership Card which can be used in International Competitions. Please provide your phone number and an e-mail address if you have one. For a valid international license your date of birth and country of citizenship are required.

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

NATIONALITY _____ BIRTH DATE _____ SEX _____
(COUNTRY NAME ON YOUR PASSPORT) (MM/DD/YY) (M / F)

By signing below, I hereby apply for independent affiliation with the FEDERATION OF PETANQUE U.S.A., and if accepted will be bound by, honor and abide by the rules and regulations governing the FEDERATION and membership therein.

SIGNATURE _____

Further Information: If you have any questions about Federation Of Petanque U.S.A. or about how to complete this application, please do not hesitate to write to either the e-mail address or mail address at the top of the page.

Send this application along with your signed waiver and a \$20.00 check or money order payable to the **Federation of Petanque U.S.A.**, to PO Box 180, Kenwood, CA 95452.

REQUIRED FOR ALL ADULT MEMBERS AND PARTICIPANTS IN FPUSA CLUB ACTIVITIES
ACCIDENT WAIVER AND RELEASE OF LIABILITY

Insured: **Member Clubs & Events of Federation of Petanque USA**

Sport Activity: **Pétanque**

I acknowledge that this sport is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. These risks are not only inherent in athletics, but are also present for volunteers.

I hereby assume all of the risks of participating and or volunteering in this sport’s events.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this sport, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: To waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from events, the following entities or persons: **Federation of Petanque USA, its Member Clubs, and Sanctioned Events**

I hereby consent to receive medical treatment which may be deemed advisable in event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and understand its content.

PARTICIPANT’S NAME

SIGNATURE OF PARTICIPANT

DATE SIGNED

PLEASE PRINT IN CAPITALS

(MM/DD/YY)

FPUSA MEMBER CLUB: INDEPENDENT MEMBER

PARTICIPANT ACCIDENT WAIVER & RELEASE OF LIABILITY

(Signed original to be sent to the FPUSA Secretary, PO Box 180, Kenwood, CA 95452.)