

**The Society for American Wines Membership Form**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("Agreement")**

I, the undersigned, hereby make application for membership as a member of the Society for American Wines (SAW) and agree to accept, uphold and be governed by this Agreement.

I hereby certify that I am of legal drinking age, 19 years or older.

I hereby release SAW and its directors from any damages caused by accident or incident, and agree to save SAW and its directors harmless and indemnify them from any damage to person or property arising from my attendance and/or participation at any SAW tastings, meetings and events and I agree to voluntarily assume any risks associated with same.

I take full responsibility for my actions and the amount of wine that I consume at all SAW tastings, meetings and events.

I further hereby release SAW and its directors from any damages caused to or by my guest(s) by reason of his/her attendance and/or participation at any SAW tastings, meetings and events. I take full responsibility for actions and amount of wine my guest(s) consume at all SAW tastings, meetings and events and agree to save SAW and its directors harmless and to indemnify them from any damage to person or property arising from his/her attendance and/or participation at any of the SAW tastings, meetings and events and I agree to voluntarily assume any risks associated with same.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS AND HAVE SIGNED IT FREELY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT OF THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I UNDERSTAND AND AGREE THIS RELEASE AND AGREEMENT NOT TO SUE EXTENDS TO ACCIDENT, INJURY, OR DEATH OCCURRING DURING THE TERM OF MY MEMBERSHIP IN SAW.

Please print your name: \_\_\_\_\_ Signature: \_\_\_\_\_

Other member (same address): \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 200\_.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(Please see our Privacy Policy at [www.americanwine.ca](http://www.americanwine.ca))

Single @ \$45 \_\_\_\_\_ or Two Person Same Address @ \$80 \_\_\_\_\_

Please mail the form and a cheque payable to "The Society for American Wines" to:

The Society for American Wines  
Attention: Membership  
P.O. Box 20006, Applewood Village Post Office,  
Mississauga, Ont. L4Y 4L2