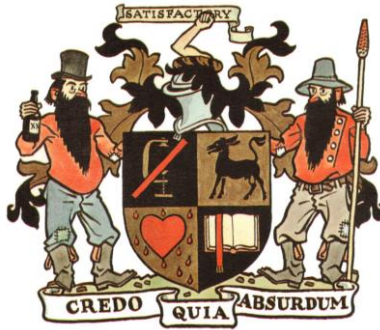




Prepay Form

Doc's 2026 Fall Doin's!

September 18th – 20th 2026/6031

MEMBER - FILL OUT YER INFO (LEGIBLY)			
MEMBERS NAME:			
NICKNAME:		CHAPTER #:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE#:	CELL #:		AGE:
E-MAIL:			

PBC - FILL OUT YER PBC'S INFO (LEGIBLY)			
PBC NAME:			
NICKNAME:		(IF NOT PROVIDED, WE'LL GIVE HIM ONE)	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE#:	CELL #:		AGE:
E-MAIL:			

Send Payment and Signed Release of Liability Form, No Later Than 9/12/26 to:

C/O: Doc Maynard Chapter #54-40 GDR

P.O. Box 1413

Kent, WA 98035

Please make checks payable to:

Doc Maynard Historical Society

\$85 FOR REDSHIRTS - \$125 FOR PBC'S
PLEASE PREPAY FOR THE DOIN'S

SATISFACTORY!



E Clampus Vitus®

Doc Maynard Chapter No. 54-40

Release of Liability

1. I _____ (Name Printed Clearly)

Acknowledge that I have voluntarily requested to accompany the Ancient and Honorable Order of E Clampus Vitus for the purpose of attending and or participating in the initiation of new members into the order, at 14018 122nd Ave. Anderson Island, WA 98303 occurring from September 18th, 2026 thru September 20th, 2026.

2. I AM AWARE THAT THE EVENTS OF THE ANCIENT AND HONORABLE ORDER OF E CLAMPUS VITUS (ECV) OFTEN OCCUR IN THE WILDERNESS, AND THAT DRIVING FROM MY POINT OF DEPARTURE TO SAID EVENT AT 14018 122nd Ave. Anderson Island, WA 98303 HEREIN AFTER CALLED "CLAMPSITE;" AND MY PARTICIPATION IN THE VARIOUS ACTIVITIES AT SAID CLAMPSITE; AND DRIVING BACK TO MY POINT OF DEPARTURE ARE POTENTIALLY DANGEROUS AND HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND OR DEATH, AND VERIFY THIS STATEMENT **BY PLACING MY INITIALS HERE:** _____.

3. As consideration for being permitted by the Ancient and Honorable Order of E Clampus Vitus to participate in these activities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives, hereby release from any and all liability and will not make a claim against, sue, obtain a judgment against, and/or attach E Clampus Vitus Inc., the Officers of E Clampus Vitus Inc., the Doc Maynard Chapter, the property owners at 14018 122nd Ave. Anderson Island, WA 98303 or against any individual officer or members of ECV or Doc Maynard Chapter for injury or damage resulting from negligence or other negligent acts or omissions, howsoever caused, including, but not limited to the acts or omissions of negligence by any ECV Chapter, agent, ECV Chapter Officer, the property owners at 14018 122nd Ave. Anderson Island, WA 98303, and/or individual ECV member, including the sole acts or omission of negligence of these persons as a result of my participation in, or travel to and from the Clampsite. I hereby release the Ancient and Honorable Order of E Clampus Vitus, the Officers of E Clampus Vitus Inc., or the Doc Maynard Chapter, from any and all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may have for injury or damage resulting from my above-described participation at the Clampsite and while participating in the event. _____ (initial here).

KNOWING AND VOLUNTARY EXECUTION OF RELEASE OF LIABILITY AND ALL CLAIMS

4. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ANCIENT AND HONORABLE ORDER OF E CLAMPUS VITUS, ITS OFFICERS AND MEMBERS AND I SIGN IT OF MY OWN FREE WILL.

Executed this _____ day of _____ in the year 2026.

RELEASOR (signature required on line below)

X _____