

**LAKE DOSTER LAKE ASSOCIATION
MAIN BEACH MEMBERSHIP
APPLICATION, CONSENT AND WAIVER OF LIABILITY**

(Print **LAST NAME** of Applicant)

FIRST NAMES of Family Members:

ADDRESS _____ **PHONE** _____

The undersigned acknowledges that they have paid any applicable Annual Main Beach Membership fee, are the **Responsible Party for the above-named individuals ("Beach Members") and their accompanying guests**, and hereby consent to each Beach Member's access to the Lake Doster Main Beach for recreational use and swimming opportunities, with the understanding that no third-party supervision will be available, no life guard is on duty, and that Beach Membership may be revoked by the LDLA if any Main Beach Rules are violated by any of the above listed Beach Members.

Knowing that the Lake Doster Lake Association ("the LDLA") will rely thereon, the Responsible Party signing below hereby represents that access and use of the Main Beach and Lake Doster swimming is at each Beach Member's and their accompanying guests' own risk and that they assume the hazards of their activities and hereby waive any and all rights of action against the LDLA which shall be deemed to include any and all of its members, officers, trustees, agents and employees, for all injuries and other actionable events, arising out of the Beach Member's or their guests' use of their Beach Membership and agree to release, discharge, indemnify, and hold harmless the LDLA from any liability arising therefrom, to defend any action of proceeding against the LDLA as a result thereof and to indemnify the LDLA against any liability or expense incurred by it as a result thereof.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FORGOING CONSENT AND WAIVER OF LIABILITY.

Dated this _____ day of _____ 20 _____

Responsible Party Name:

Printed Name

Signature

Lake Doster Homeowner Association Membership is a prerequisite to having a LDLA Beach Membership. To become a Beach Member, please complete the Beach Membership Application, Consent, and Waiver of Liability (above) and provide a check for \$100 to the LDLA. If you are **NOT** a member of the LDHA yet, please send a check for \$30 for a LDHA annual membership to LDHA in care of Karen Gustafson, 91 S. Lake Doster Dr, Plainwell, MI 49080.