

Alpine Lodge Member-Associate Member Log

I DO HEREBY CERTIFY BY MY INITIALS THAT I HAVENOT TESTED POSITIVE FOR COVID-19 WITHIN THE LAST 14 DAYS, NOR DO I HAVE ANY REASON TO BELIEVE THAT I CURRENTLY HAVE COVID-19. I VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE TO COVID-19 AND AGREE NOT TO HOLD THE CALIFORNIA ALPINE CLUB, ITS OFFICERS, DIRECTORS, MEMBERS AND THE EVENT HOST LIABLE FOR ANY ILLNESS.

					M=Member/A=Associate Member/C=Child								Below is for Host USE ONLY	
Name:	Phone:	Inital	Emergency Phone	M/A/C	S	M	T	W	TH	F	S	S	Total	Paid/How
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M=Member/A=Associate Member/C=Child

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	Name:	Phone:	Inital	Emergency Phone	M/A/C	S	M	T	W	TH	F	S	S	Total	Paid/How
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