



MOMS Club® of Sarasota Membership Information and Liability Release

ALL MEMBERS MUST HAVE A SIGNED MEMBERSHIP INFORMATION AND LIABILITY RELEASE ON FILE WITH MOMS CLUB OF SARASOTA AND BE CURRENT ON DUES BEFORE ATTENDING ANY ACTIVITIES OR PROGRAMS.

MEMBERSHIP TYPE: ____ FULL (\$30.00) ____ ASSOCIATE (\$15.00)

NAME: _____ BIRTHDAY: Month/Day ____ / ____

ADDRESS: _____

TELEPHONE: (____) _____ EMAIL _____

HUSBAND/SPOUSE/SIGNIFICANT OTHER'S NAME: _____

CHILDREN'S NAMES AND BIRTHDATES:

HAVE YOU EVER BEEN A MEMBER OF THIS OR ANY OTHER LOCAL MOMS CLUB? IF SO, WHICH CHAPTER AND WHEN? _____

HOW DID YOU HEAR ABOUT US? _____

DO YOU WORK FOR PAY OR DO VOLUNTEER WORK? IF SO, WHAT DO YOU DO? _____

WHAT ARE YOUR HOBBIES OR SPECIAL INTERESTS?

WOULD YOU LIKE TO BE ADDED TO OUR SOCIAL MEDIA PAGES? IF YES, PLEASE LIST YOUR USERNAMES FOR FACEBOOK AND/OR INSTAGRAM. _____

____ (Initials) I UNDERSTAND THIS INFORMATION MAY BE INCLUDED IN THE GROUP ROSTER OR NEWSLETTER. IT WILL ALSO HELP THE GROUP PLAN FUTURE ACTIVITIES.

____ (Initials) I UNDERSTAND THAT ANY PHOTO OF MYSELF OR MY CHILD(REN) THAT IS TAKEN DURING A MOMS CLUB EVENT MAY BE USED IN OUR NEWSLETTER, ON OUR WEBSITE, OR ON OUR SOCIAL MEDIA PAGES, AND WAIVE ALL RIGHTS TO THAT PHOTO.

____ (Initials) I HAVE RECEIVED AND READ A COPY OF MOMS CLUB OF SARASOTA'S BEHAVIOR AND ILLNESS POLICIES.

_____ (Initials) I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION AND THE PARTICIPATION OF ANY MEMBERS OF MY FAMILY IN ANY MOMS CLUB ACTIVITY OR PROGRAM IS COMPLETELY VOLUNTARY, AND WE HEREBY GIVE PERMISSION FOR MYSELF AND MY FAMILY TO JOIN IN THOSE ACTIVITIES OR PROGRAMS. MY FAMILY SHALL HOLD HARMLESS THIS LOCAL MOMS CLUB, THE MOMS CLUB CORPORATION, ANY MOMS CLUB VOLUNTEERS OR REPRESENTATIVES, PAID OR UNPAID, AND/OR THE PROVIDERS OF ANY ACTIVITY OR PROGRAM LOCATION AND/OR MATERIALS FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY ACCIDENT, ILLNESS OR INJURY THAT OCCURS DURING OR AS A RESULT OF ANY FUNCTION OR PROGRAM. I ACCEPT THAT THE FINAL RESPONSIBILITY FOR MY SAFETY AND THAT OF MY FAMILY RESTS WITH ME.

_____ (Initials) I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION IN AN EVENT AT A MEMBER'S HOME IS COMPLETELY VOLUNTARY, AND WE HEREBY GIVE PERMISSION FOR MYSELF AND MY FAMILY TO JOIN IN THOSE ACTIVITIES OR PROGRAMS. MY FAMILY SHALL HOLD HARMLESS THESE MEMBERS AND THEIR FAMILIES FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY ACCIDENT, ILLNESS OR INJURY THAT OCCURS DURING OR AS A RESULT OF ANY FUNCTION OR PROGRAM AT THEIR HOMES. I ACCEPT THAT THE FINAL RESPONSIBILITY FOR MY SAFETY AND THAT OF MY FAMILY RESTS WITH ME.

DATE

MEMBER'S SIGNATURE

THERE ARE THREE WAYS TO ACTIVATE YOUR MEMBERSHIP!

1) MAIL YOUR COMPLETED FORM AND PAYMENT VIA CHECK TO:

MOMS Club of Sarasota
PO BOX 15635
Sarasota, FL 34277

2.) E-MAIL/SCAN YOUR COMPLETED FORM AND REQUEST ONLINE PAYMENT

momsclubofsarasotatreasurer@gmail.com

3.) BRING YOUR COMPLETED FORM AND PAYMENT WITH YOU TO YOUR NEXT EVENT

www.momsclubofsarasota.org

OFFICE USE ONLY

Notified: Treasurer Membership VP President