

# THE FUN BUNCH

## MEMBERSHIP APPLICATION FORM

DATE: \_\_\_\_\_

NAME: (print) \_\_\_\_\_

HOME ADDRESS:

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

I hereby apply for membership in the FUN BUNCH, an adults group for adults with learning disabilities. I am aware that participating in the activities of the FUN BUNCH involves certain risks and dangers of personal injury, death, or property damage that may be present, including, but not limited to, those generally associated with certain activities, the hazards of public highways, of accidents, of illness, and of the forces of nature. In consideration of the acceptance of my application for membership in the FUN BUNCH, I do hereby, on behalf of myself and my heirs, personal representatives and assigns, assume the above mentioned risks, and do further release and agree to hold harmless, defend, and indemnify the FUN BUNCH from and any and all claims for injuries to or loss to any person or property which may arise out of or result in any way from my participation in any activities of the FUN BUNCH. IF accepted into the group, I promise to uphold FUN BUNCH standards and follow the rules. I also acknowledge that any information contained in this application will be kept private at all times and will not be given out or sold at any time.

SIGNED

\_\_\_\_\_

DATE \_\_\_\_\_

