



Valley of the Falls Community Center, Inc. Forest Falls, California

MEMBERSHIP APPLICATION

- Regular Membership Summit Sponsor Membership Non Profit Member Organization

1. Name Family Membership?, list all household members

2. Residence Address: Property owner in Forest Falls, Mountain Home Village or Angelus Oaks but not a resident?, list property address, or APN if vacant land:

3. Mailing Address: zip

4. Phone: Home Work Cell

5. Fax 6. Email:

I DO NOT want to be added to the email list for VFCCi information. Initial here Your contact info WILL NOT be provided to any other person or organization without your permission.

Initial. In consideration of the acceptance of my membership in VFCCi, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the Valley of the Falls Community Center Inc. (VFCCi) as a result of my participation in the event. This release is intended to discharge VFCCi, its officers, officials, employees and volunteers, any other involved organizations or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

Initial. As a member of VFCCi I elect to use this entire application, including release of liability outlined in the paragraph above, for any/all classes, activities or events I/we attend during the period of my/our membership. I agree to participate in any required sign-up sheets, including my/our membership number and paying any deposit(s), if required. I understand I will not be required to complete a Class/Activity form for each individual event if I have fully completed and agree to the terms of this membership application.

Activity Refunds: Full refund/credits are available for events cancelled by VFCCi. If a credit is issued, it will be valid for one year from date of issue. There will be no prorating of refunds. Students/attendees requesting refunds will be subject to a \$10 service charge. Refund requests must be received prior to the start of the second scheduled class/event. NO refund requests will be accepted after the completion of the class.

I hereby represent I am at least 18 years old and that I understand or will become familiar with the nature and inherent risks associated with any activities in which I (or my child) may participate in this program. As a VFCCi member, I/we (our household/family) agree to abide by the rules of VFCCi and agree our membership may be revoked, at the sole discretion of VFCCi, for violation of rules or policy.

Signature; individual member, head of household or authorized Non Profit Organization representative Date

Date received: Received by: Membership Card(s) issue date: By: