

MAYNARD FAMILY ASSOCIATION

www.maynardfam.org

2008-2009 Annual Membership Form



Thank you for your support. Please send a check for \$20 made payable to the Maynard Family Association. **Maynard Family Association, PO Box 114, Maynard, MA 01754.**

____ New member

____ Renewing member

Member & Spouse Names _____

Address _____

Phone _____ E-Mail _____

Please note that we use e-mail to communicate with members at least once per month. However, we take your privacy seriously. We never share or sell our membership list, except as indicated below.

Child's Name and Date of Birth

1. _____ 3. _____

2. _____ 4. _____

VOLUNTEER! The MFA is a nonprofit, volunteer-run organization and we count on assistance from our members to make our events run smoothly. Volunteering for an event can encompass as much as coordinating the event or as little as bringing a baked good to an event. Please let us know when you'd like to help out this year by circling one or more events.

Baby Brunch

Preschool Night

Halloween Event

Holiday Gift Boutique

Winterfest

Egg Hunt

Fire Truck Wash

FIRST CONNECTIONS MAILING LIST. The MFA is affiliated with First Connections and the Justice Resource Institute. First Connections is a nonprofit, family support organization that provides comprehensive services, including resources and referrals, to families with young children birth through age three. The MFA partners with First Connections to provide parent education, playgroups, and a myriad of social activities to connect young families to each other and to their communities. First Connections is part of the Massachusetts Family Network, offering its programs for free or at a low cost. Would you like to receive the First Connections newsletter? If yes, do you agree to let us share your name and mailing address with First Connections?

Yes _____ No _____

PLEASE SIGN AND DATE:

I hereby absolve the Maynard Family Association (MFA) of any liability at MFA-sponsored events. I further agree to sign an event-specific liability waiver to be provided by MFA before attending and/or participating in any MFA event.

Signature: _____

Date: _____

MAYNARD FAMILY ASSOCIATION HOLD HARMLESS AGREEMENT*

In consideration of being allowed to participate in any way in MAYNARD FAMILY ASSOCIATION activities and related events, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program may be significant and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS on my own behalf and on behalf of the minor(s) for whom I am responsible, both known and unknown, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest MAYNARD FAMILY ASSOCIATION representative immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, MAYNARD FAMILY ASSOCIATION, its officers, officials, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), from any and all claims whatsoever, including disability and/or death, or loss or damage to person or property whether now known or arising in the future; and
5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover any and all attorney's fees if incurred in successfully defending against such claim; and
6. I hereby certify that I have authority to enter this agreement on behalf of the minor(s) and agree to be bound by all terms and conditions of this agreement. I further agree to hold harmless and indemnify MAYNARD FAMILY ASSOCIATION, its agents and/or employees, for any and all claims whatsoever brought by the minor and all claims whatsoever brought by a third party arising in connection with the minor.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

This is to certify that I, as parent/guardian with legal responsibility for this/these participant(s) do consent and agree to his/her/their release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the minor child(ren)'s involvement or participation in these programs as provided above.

Parent or Guardian (sign): _____ Date: _____

Print Name: _____

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*Prepared and intended for exclusive use by MFA and its members by *Kennedy & Kish, Concord, MA (2007)*.