

Membership Form

Mail to: The Arc of Laramie County, PO Box 1812, Cheyenne WY 82003

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail address: _____

Would you like notifications by e-mail: yes No

Membership Rates:

- | | |
|--|---|
| <input type="checkbox"/> \$25 Individual | <input type="checkbox"/> \$40 Family (2 or more persons) |
| <input type="checkbox"/> \$150 Corporate (1-5 Employees) | <input type="checkbox"/> \$165 Corporate (6-10 Employees) |
| <input type="checkbox"/> \$180 Corporate (11+ Employees) | |

(Allows support staff of members to get member benefits and attend events)

My additional gift/donation of \$ _____ is also enclosed.

In memory of: _____

You are a: Self-Advocate Interested Citizen
 Professional in the field Parent/Sibling/Relative

Your age group: 1-24 25-34 35-44 45-54 55-65 65+

The Arc National sends out 2 mailings a year and e-mails.

Would you like to receive these? Yes No

I am most interested in:

- | | |
|---|--|
| <input type="checkbox"/> Arc Transportation program | <input type="checkbox"/> Social Skill Class |
| <input type="checkbox"/> Bowling Leagues | <input type="checkbox"/> ArcScursions |
| <input type="checkbox"/> Governmental Issues | <input type="checkbox"/> Governor's Tree Lighting Ceremony |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Monthly Community Activities |

The Arc of Laramie County takes pictures and uses them for the newsletter, web-site and Facebook. If you DO NOT want your photo to be used please sign below. If you are OK with your photo being used leave blank. This form is binding and releases the Arc from any and all liability within the realm of photos being used for the Arc of Laramie County purposes.

I DO NOT want my photo used: _____

Please review and sign release of liability on back side of form.



Release of Liability

The Arc of Laramie County

I _____, member of The Arc of Laramie County, would like to participate in Arc activities and events. . I represent that I am familiar with the risks which may result from the activity/event. I wish to assume them, by voluntarily participating in Arc activities and events.

I understand and agree that The Arc of Laramie County and their respective affiliated companies and the respective employees, officers, and directors of the foregoing company shall not be liable for any injuries, property damage, or other claims that may result from my participation in the activity/event.

In consideration of The Arc of Laramie County the party providing the opportunity to participate in the activity/event, the receipt, and sufficiency of such consideration being hereby acknowledged, I HEREBY WAIVE, RELEASE, DISCHARGE, AND AGREE TO DEFEND, IDEMNIFY, AND HOLD HARMLESS, THE ARC OF LARAMIE COUNTY FROM ANY AND ALL LIABILITY, CLAIMS, AND EXPENSES; WHETHER FROM PERSONAL INJURY, DEATH, PROPERTY DAMAGE, OR OTHERWISE ARISING OUT OF, OR IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITIES.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment, I am aware and understand I should carry my own health insurance.

In the event that I require assistance in the community or in my home from a provider and/or guardian I must have a provider and or guardian accompany me to all of The Arc of Laramie County's activities and events.

By signing below, I acknowledge that I have read and fully understand this release of liability.

Signature of Participant/Guardian Date

EMERGENCY CONTACT

CONTACT RELATIONSHIP

CONTACT NUMBER

