FRIENDS of the ANNE SPRINGS CLOSE GREENWAY

# Membership Information

FOR OFFICE USE ONLY:

Member#:

Expired:

Last Name First Name DOB

Address

City State Zip

Home Phone Cell Phone

Email Address

*Additional Members Living in the Household:*

| Name | Gender | Relationship | DOB |
|---|---|---|---|
| Name | Gender | Relationship | DOB |
| Name | Gender | Relationship | DOB |
| Name | Gender | Relationship | DOB |
| Name | Gender | Relationship | DOB |
| Name | Gender | Relationship | DOB |

**Waiver (Signature Required)**

I hereby release Leroy Springs & Co. Inc., (LSC) its directors, officers, employees, agents, or volunteers, from all liability related to loss or damage to personal property or bodily injury, while traveling to/from sponsored events, or while on properties owned by LSC. I/We certify that I /We are covered by an insurance program, which will compensate for injuries incurred while participating in LSC activities. Upon acceptance, I agree to pay dues and abide by all rules and regulations established by LSC. I understand this agreement is to remain in effect until cancelled by either party. Leroy Springs & Company reserves the right to deny or cancel membership participation.
**A written notice is required upon cancellation of membership.**

I also grant LSC the right and permission to take and use photographs and or/ sound image/recordings of me or that of a child whom I am the legal guardian, to use for the promotion of advertising and marketing the activities of LSC. I understand that no monetary payment will be made to me for such uses. I release LSC from all claims, for any cause of action arising out of taking and/or use of photos and/or sound and image recordings.

Signature (**required**) Date