



MEMBERSHIP FORM

Of the Imagine Beyond Foundation's Chapter at _____ (insert school name)

All prospective members of The Imagine Beyond Foundation are required to complete this registration form. Membership runs through the entire school year.

SECTION 1: MEMBER INFORMATION

First & Last Name:	Grade:
Home Number:	Adult T Shirt Size (S/M/L/XL/XXL) :
Cell Phone Number:	Primary Email:
<p>Permission to use photographic images: Photographs of Imagine Beyond Foundation Chapter at this location may be used in various IBF communications including Facebook, and Twitter. Group photographs taken at IBF events may be used without identifying individual members. For individual photographs, please indicate your permission for use (only one option):</p> <p>___ IBF has my permission to use and identify photographs of me.</p> <p>___ IBF does not have permission to use and identify photographs of me.</p> <p>___ IBF must contact me before using any identified photographs of me in IBF communications.</p>	<p>Anything you would like the officers to know about you or any ideas for the club (special talents that will allow you to be able to contribute more to the organization, past volunteering/charity experiences, fundraiser ideas for the school year):</p>

SECTION 2: MEMBERSHIP FEE AND PAYMENT METHOD

*Membership fee doesn't include T-shirt fee. T-Shirt price will be determined at a later meeting.

Membership Fee	\$10
Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Cash

Date : _____

Signature of Applicant : _____

Signature of Parent : _____

Signature of Officer : _____

Last Updated 02/12/2019



PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Important: Each volunteer must read and sign the "Release and Waiver of Liability" before volunteering to assist at an Imagine Beyond Foundation Program or Event. Please complete this form, **get it signed by parent/legal guardian if you are under 18 years of age**, and hand it in to a staff member before you volunteer.

Waiver of Liability

This Waiver of Liability (the "Waiver") executed on this ___day of _____, 20___, by _____ (the "Volunteer") in favor of Imagine Beyond Foundation, Inc., a 501(c)(3) nonprofit corporation organized and existing under the laws of the State of Texas, USA, and its directors, officers, employees, and agents (collectively, "IBF").

I, the Volunteer, desire to work as a volunteer for IBF and engage in the activities related to being a volunteer for an IBF program or event; and

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless IBF and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with IBF.

I understand and acknowledge that this Waiver discharges IBF from any liability or claim that I, the Volunteer, may have against IBF with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in/on the IBF program or event site. I also understand that IBF does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

2. Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of IBF beyond what may be offered freely by the representative of IBF in the event of such injury or medical expense.

3. Medical Treatment. I hereby release and forever discharge IBF from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with IBF.

4. Assumption of the Risk. I understand that my time with IBF may include activities that may be hazardous to me, including, but not limited to: (i) loading and unloading of heavy equipment and materials, and local transportation to and from the program or event sites; and (ii) event setup involving the movement of chairs, tables, signs and heavy sound /lighting equipment. I hereby expressly and specifically assume the risk of injury or harm in these activities and release IBF from all liability for injury, illness, death, or property damage resulting from the activities of my time with IBF.

5. Photographic Release. I grant and convey unto IBF all right, title, and interest in any and all photographic images and video or audio recordings made by IBF during my work for IBF, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Texas in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

7. Statement from parent(s)/guardian(s) of volunteers who are under 18 years of age at the time of membership application. Your son/daughter may participate in chapter event(s) or sponsored activity requiring transportation to a location away from their school or home. This activity may take place under the guidance and supervision of volunteers / employees from the Imagine Beyond Foundation, Inc. ("IBF"). By signing and returning the following statement of consent and release of liability, you remain fully responsible for any legal responsibility, as parent or legal guardian, which may result from any personal actions taken by the named student/volunteer. I/We agree that in the case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to IBF, or any of their officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs.

Volunteer's Signature

Date

Print Volunteer's Name

Street Address City State Zip code

Parent/Guardian's Signature

Date

Print Parent's Name