

YOUNG REMNANT MEMBERSHIP AGREEMENT, LIABILITY WAIVER, INDEMNIFICATION, AND STANDING PERMISSION SLIP (NEW YORK)

Organization Name: Young Remnant
Program/Activity: _____
Membership Term: _____

1. MEMBER INFORMATION

Full Name: _____
Date of Birth: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____

Emergency Contact Name: _____
Emergency Contact Phone: _____

Parent/Guardian (if under 18): _____ Phone: _____

2. ASSUMPTION OF RISK (READ CAREFULLY)

I UNDERSTAND THAT PARTICIPATION INVOLVES RISKS INCLUDING INJURY, ILLNESS, DISABILITY, OR DEATH.

I voluntarily assume **ALL RISKS**, known and unknown, including those arising from negligence, to the fullest extent permitted by New York law.

Initials: _____

3. RELEASE OF LIABILITY

I RELEASE AND FOREVER DISCHARGE Young Remnant, INCLUDING **FRANK BAILEY, DONNA BAILEY, AND ALL VOLUNTEERS, LEADERS, AND REPRESENTATIVES**, from any and all claims, including negligence (but not gross negligence or willful misconduct where prohibited).

Initials: _____

4. INDEMNIFICATION

I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS Young Remnant, including Frank Bailey, Donna Bailey, and all volunteers, from any claims, damages, or legal costs arising from participation.

Initials: _____

5. MEDICAL AUTHORIZATION

I authorize emergency medical treatment and accept full financial responsibility.

Medical Conditions: _____

Insurance Provider: _____

Policy Number: _____

Initials: _____

6. STANDING PERMISSION FOR TRIPS

I grant permission to participate in all trips and transportation during the membership term.

Initials: _____

7. PHOTO RELEASE

I grant permission for media use without compensation.

Agree Do NOT Agree

8. CODE OF CONDUCT

I agree to follow all rules.

9. GOVERNING LAW

This agreement is governed by New York law.

10. ACKNOWLEDGMENT

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVE CERTAIN LEGAL RIGHTS.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____