



# 2021 Membership and Waiver (one per member)

**Fill out only  
once per year!**

Name:	Email:	
Address:	City, State and Zip:	
Phone: Cell <input type="checkbox"/>	Phone: Cell <input type="checkbox"/>	
Winter Address (optional)	Mailing Start Date	Mailing End Date

Annual membership to SSSL: New \_\_\_\_\_ Returning Member \_\_\_\_\_ **\$30.00**

**If no email entered above, add an annual communication/postage fee of \$7** \_\_\_\_\_

Are you a veteran? Yes  No  **Total:** \_\_\_\_\_

Where did you hear about SSSL - (New members only): \_\_\_\_\_

### RELEASE, ACKNOWLEDGMENT, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In exchange for participation in SSSL activities and/or use of property, facilities, and services of Sunrise Side Lifelong Learning, I agree for myself and (if applicable) for members of my family, to the following:

1. I agree to release and discharge from liability arising from negligence of SSSL members, directors, volunteers, participants, and all other persons or entities acting for SSSL.
2. I agree to observe and obey all posted rules and warnings and I further agree to any oral instructions or directions given by SSSL employees, representatives, or agents.
3. I assume full responsibility for personal injury to myself or family members and further release and discharge SSSL for injury and loss of damage arising out of my or my family's use of or presences upon the facilities used by SSSL, whether caused by the fault of myself, my family member, SSSL, or other 3<sup>rd</sup> parties.
4. I agree to indemnify and defend SSSL against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees and other litigation costs, which may arise from my or my family's use of or presence in the services of SSSL.
5. I agree to pay for all damages to the facilities used by SSSL caused by my or my family's reckless or willful actions.
6. By registering for classes, trips, and events, I give permission for SSSL to use any photos or videos taken in future publications and marketing opportunities.
7. Any legal or equitable claim that may arise from participation in SSSL activities shall be resolved under Michigan law.
8. I acknowledge that participation in classes, trips and events is subject to the terms of the Program Guide, including without limitation the provisions regarding cancellation, incomplete events, and refunds.

<b>I accept this Liability Waiver</b>		
Name (please print)	Signature	Date

In case of emergency please notify (who will <u>not</u> be travelling with you):	Name	Relationship
	Day phone Cell <input type="checkbox"/>	Evening phone Cell <input type="checkbox"/>

**This signed waiver is required for participation in SSSL activities and is good from January 1, 2021 through December 31, 2021.**  
Mail to: SSSL 27 N. Rempert Rd. Tawas City, MI 48763

For office use only

Check Date	Check #	Amount \$	Initials
Comment			
Confirm: Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail <input type="checkbox"/>	Comments Reviewed <input type="checkbox"/>	Date	Initials



27 N. Rempert Rd., Tawas City, MI 48763

Phone: (989) 362-3006, ext. 1168,

Email: [ssll@sunrisesidell.com](mailto:ssll@sunrisesidell.com)

Fax: (989) 362-6905

Web Site: [www.sunrisesidell.com](http://www.sunrisesidell.com)

## Registration Form

A Registration Form must be submitted for all payments on SSSL events (classes, trips, meetings, socials)

Name #1 \_\_\_\_\_ Name #2 \_\_\_\_\_ Phone \_\_\_\_\_

**Use the following only for changes after you filed the annual Membership and Waiver Form.**

Address	City, State, Zip	
Phone 1	Phone 2	Email

In emergency notify <b>(Who will not be travelling with you)</b>	Relationship	
Phone 1	Phone 2	Other

If more than one person on this form, specify who's registering for each event:

Event Title	1 <sup>st</sup> Name or "Both"	Event Fee
1. Mio Color Tour _____	_____	_____
<b>Lunch selection:</b> Michigan Salad _____		
See page 5 Bacon Cheeseburger _____		
Turkey & Swiss Croissant _____		
Chicken Tender Plate _____		
2. Music House _____	_____	_____
<b>Lunch selection:</b> Sleder's Burger _____		
See page 5 Wet Burrito _____		
Perch Sandwich _____		
Club Sandwich _____		
3. Musical <i>She Loves Me</i> _____	_____	_____
Check or Cash Total \$		_____

\*Please do not sign up for a trip that is beyond your physical capabilities. All trips have a symbol that shows the trip's activity level.

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Check Date	Check #	Amount \$	Initials
Comment			
(Room assignment, mobility issues, waiting list, refunds, multiple participants with payments)			
Confirm: Email <input type="checkbox"/>	Phone <input type="checkbox"/>	US Mail <input type="checkbox"/>	Comments Reviewed <input type="checkbox"/>
Date		Initials	