



2022 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 _____ **\$40.00**

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 3rd 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.

I accept this Liability Waiver		
Name (please print)	Signature	Date
In case of emergency please notify (who will not 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, 2022 through December 31, 2022.

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