



Membership/Waiver Application

This Membership/Waiver Agreement is made on _____ and is effective for one year from the date stated between the JUSTin Hope Foundation (JIH) and _____.

By initialing acceptance or denial of the membership agreement below, I expressly release and discharge the JUSTin Hope Foundation and its employees of and from any claim, demand, action or right of action, of whatever kind of nature, either in law or in equity rising from or by reason of any injury known or unknown, death or damage resulting from participation in activities the Foundation may host.

The annual membership fee of **\$50.00** allows participation in various events throughout the year with the Foundation. With this membership I will have access to FREE attendance at the JUSTin Hope Special Needs Playgroup Events for my *immediate family:

- a. Movie Nights
- b. Monthly Support Group at Fly High
- c. Valentine's Ball
- d. Easter Event
- e. Summer Event
- f. Fall Festival
- g. Christmas Party
- h. \$5.00 off each participant of my *immediate family in the Spring Forward for Autism run/walk. Please note that the registration for the run/walk event must be completed by March 15th of each year.

*Immediate family is defined as parents or caregivers and the siblings of those with special needs who complete this form. This does NOT include grandparents, aunts, uncles, cousins or other extended family members.

____ I accept the terms of this membership agreement.

____ By declining membership, I understand there will be a \$5 charge per participant, excluding guardians, caregivers and aides.

____ I would like to be considered for a scholarship. I understand that a G.A.P. application must be completed.

Printed Name

Signature

Date

Email Address:

Family Name:
Membership Number:
Valid Until:

Please list everyone in your household including yourself:

First and Last Name	DOB	Gender	Disability/Special Healthcare Need