



Santa Rosa West Rotary
& Chops Teen Club
Interact
Membership Form

Student Name _____
Home Phone # _____ **Cell #** _____
Address _____ **City** _____ **Zip** _____
Current School _____ **Current Grade** _____
Birthdate _____ **Current Age** _____

Allergies or Illnesses _____
(Only complete below if parents information differs from the above information)

Mothers / Guardian Name _____
Mothers Address _____ **Phone** _____
Fathers / Guardian Name _____
Fathers Address _____ **Phone** _____

Languages Your Fluent In _____
How did you hear about this Interact Club? _____

Are you interested in becoming a Board Member this year? YES / NO
(i.e. President, Vice President, Secretary or Treasurer)
In the future? YES / NO If so, when? _____

Emergency Information

BE SURE TO READ AND SIGN BELOW: I hereby waive all claim or claims against the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc./CHOP's Teen Club, its directors, officers, employees, independent contractors, and agents for personal injury to me/my minor child and damage to or loss of personal property while visiting the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc./CHOP's Teen Club and/or participating at a program activity or program event, except for any personal injury or property damage caused by the intentional or reckless misconduct or gross negligence of the Rotary Club Of Santa Rosa West, Interact, DeMeo Teen Club, Inc./CHOP's Teen Club or its officers, directors, employees, independent contractors, or agents. I further agree to indemnify and hold harmless the DeMeo Teen Club, Inc./CHOP's Teen Club, its directors, officers, employees, independent contractors and agents from any claim or claims for personal injury or property damage against said entity arising from any activity by me/my minor child which causes such injury or damage. I agree to be financially responsible for any property damage caused by me/my minor child's intentional or reckless misconduct.

I hereby authorize qualified physicians selected by the Director to hospitalize, to render medical attention, secure proper treatment for, to order injections, anesthesia or surgery for, or provide care that they may deem necessary in case of illness or accident during Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc./CHOP's Teen Club activities, program(s), or event(s).

Emergency Contact: _____

Phone: _____
(in case parent/guardian cannot be reached)

Physician's Name: _____

Phone: _____

I have read and understand the above Emergency information.

Parent/Guardian Signature _____ **Date** _____



THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc.(Chops Teen Club), its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Rotary Club of Santa Rosa West, DeMeo Teen Club, Inc.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc. premises or in any way observing or using any facilities or equipment of the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc. or participating in any program affiliated with the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc. whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc. and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Rotary Club of Santa Rosa West, Interact, DeMeo Teen Club, Inc. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

PHOTO RELEASE: I give to Community Foundation Sonoma permission to use, publish and republish reproductions of my child's likeness, and interview narratives with or without identification of me or my child by name, for purposes of communicating the work and purpose of Community Foundation Sonoma County and DeMeo Teen Club, Inc., Rotary Club of Santa Rosa West, Interact, e.g. County/DeMeo Teen Club, Inc., The Rotary Club of Santa Rosa West/Interact, e.g. annual report, brochures, electronic presentations, newsletter, etc.

THE UNDERSIGNED understands and will abide by all conduct guidelines and policies for the Interact Club of the Rotary Club of Santa Rosa West and the Chops Teen Club. Any breach of such guidelines or policies may result in expulsion from the Interact Club or from Chops Teen Club.

I have read, understand and agree to the above stated. And give my permission for my son/daughter to join and be a member of Interact.

Student Print Name _____

Student Signature _____

Date _____

Parent / Guardian Print Name _____

Parent / Guardian Signature _____

Date _____



Chop's Teen Club Membership Form

GRAD DATE

Chop's membership fee is \$1.00 per year, however, it costs approximately \$780 for Chop's to support each member. We rely on community support and donations to supplement our costs. Any level of donation you can give is greatly appreciated!

*Required Field

*First Name/Primer Nombre

*Last Name/Apellido

*Address (include St., Ave., Dr., Apt. #. Etc.)

*City/Ciudad

*Zip Code/Codigo Postal

Direccion (incluya calle, paso, avenidas y numero de apartamento)

E-Mail/Correo Electronico

*Birth Date/Fecha de Nacimiento

May we contact you regarding opportunities to volunteer?

YES _____ NO _____

*Home Phone/Telefono de Los Padres

*School/Escuela

How did you hear about us?

- ___ Activity Guide
- ___ E-mail
- ___ Flyers
- ___ My Space
- ___ Radio
- ___ School Outreach
- ___ Special Event
- ___ Volunteer Ctr. Court Volunteer
- ___ Website
- ___ Word-of-Mouth
- ___ Other

Work Phone

IN CASE OF EMERGENCY, CONTACT:

*1st Contact: _____
First Name Last Name

*Relation: _____

*Phone: _____

2nd Contact: _____
First Name Last Name

Relation: _____

Phone: _____

Cell Phone

Pager / Fax

Other Phone/Otro Numero de Telefono

*Gender (circle one): MALE FEMALE

Emergency Information

BE SURE TO READ AND SIGN BELOW: I hereby waive all claim or claims against the DeMeo Teen Club, Inc./CHOP's Teen Club, its directors, officers, employees, independent contractors, and agents for personal injury to me/my minor child and damage to or loss of personal property while visiting the DeMeo Teen Club, Inc./CHOP's Teen Club and/or participating at a program activity or program event, except for any personal injury or property damage caused by the intentional or reckless misconduct or gross negligence of the DeMeo Teen Club, Inc./CHOP's Teen Club or its officers, directors, employees, independent contractors, or agents. I further agree to indemnify and hold harmless the DeMeo Teen Club, Inc./CHOP's Teen Club, its directors, officers, employees, independent contractors and agents from any claim or claims for personal injury or property damage against said entity arising from any activity by me/my minor child which causes such injury or damage. I agree to be financially responsible for any property damage caused by me/my minor child's intentional or reckless misconduct.

I hereby authorize qualified physicians selected by the Director to hospitalize, to render medical attention, secure proper treatment for, to order injections, anesthesia or surgery for, or provide care that they may deem necessary in case of illness or accident during DeMeo Teen Club, Inc./CHOP's Teen Club activities, program(s), or event(s).

Emergency Contact: _____
(in case parent/guardian cannot be reached)

Phone: _____

Physician's Name: _____

Phone: _____

I have read and understand the above Emergency information.

Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the DeMeo Teen Club, Inc. for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site program affiliated with the DeMeo Teen Club, Inc., the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the DeMeo Teen Club, Inc. for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE DEMEO TEEN CLUB, INC. FOR ANY PUROPSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE DEMEO TEEN CLUB, INC., THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the DeMeo Teen Club, Inc., its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the DeMeo Teen Club, Inc.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the DeMeo Teen Club, Inc. premises or in any way observing or using any facilities or equipment of the DeMeo Teen Club, Inc. or participating in any program affiliated with the DeMeo Teen Club, Inc. whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the DeMeo Teen Club, Inc. and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the DeMeo Teen Club, Inc.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

PHOTO RELEASE: I give to Community Foundation Sonoma County/DeMeo Teen Club, Inc. permission to use, publish and republish reproductions of my child's likeness (photographic or otherwise), and interview narratives with or without identification of me or my child by name, for purposes of communicating the work and purpose of Community Foundation Sonoma County and DeMeo Teen Club, Inc., e.g. annual report, brochures, electronic presentations, newsletters, etc.

I have read and agree to this release of reliability and photo release:

_____	_____
Parent/Guardian Signature	Date
_____	_____
Child's Name	Date