

**Staying Put Membership Form**

\_\_\_\_\_ One Year Membership Individual – \$400

\_\_\_\_\_ One Year Membership Couple – \$500

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell(s): \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate(s): \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to receive the monthly newsletter by: Email \_\_\_\_\_ Mail \_\_\_\_\_ Both \_\_\_\_\_

Please include my phone number in the *Membership Directory*. Yes \_\_\_\_\_ No \_\_\_\_\_

**Please make your check payable to *Staying Put in New Canaan* and mail to:**

**Staying Put, PO Box 484, New Canaan, CT 06840**

**To pay by Credit Card call us at 203-966-7762**

*please continue on reverse*

## RELEASE AND WAIVER OF LIABILITY

### Participation in Staying Put Activities

I acknowledge that I am voluntarily participating in activities sponsored by the nonprofit organization Staying Put in New Canaan, Inc., included but not limited to: 1) Indoor events, 2) Outdoor events, 3) Activities at the Staying Put office at 58 Pine Street, New Canaan, CT, and 4) Gatherings in restaurants, churches, clubs, museums, parks, private homes and on public property. I also acknowledge that I may voluntarily accept transportation from a Staying Put employee or volunteer.

I hereby release and hold harmless Staying Put in New Canaan, Inc. and its employees, officers, directors, and volunteers from all liability relating to any and all injury, illness, or loss or damage to personal property, resulting from participation in a Staying Put activity or transportation, to the fullest extent permitted by law.

### Media Permission and Release

I hereby consent to the taking of photographs, videos, or audio of my engagements with Staying Put in New Canaan, Inc. I also authorize Staying Put the right to use and reuse such products in all forms of media.

Yes \_\_\_\_\_ No \_\_\_\_\_

### COVID-19 Self-Health Monitoring Form

I hereby confirm that I will monitor my own health prior to my participation in a Staying Put activity and will not participate if I am exhibiting any symptoms of, or have had a direct exposure to, COVID-19 as defined by the Centers for Disease Control (CDC).

I am fully vaccinated against COVID-19 with a vaccine approved by the Food and Drug Administration (FDA) and the Centers for Disease Control (CDC).

Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_