



## BFN Membership Form

[www.boxboroughfamilynetwork.org](http://www.boxboroughfamilynetwork.org)

October 2010-September 2011

Please fill out the following form and mail to the "Boxborough Family Network", P.O. Box 867, Acton MA 01720 or email to [Boxboro\\_family@hotmail.com](mailto:Boxboro_family@hotmail.com). \$20 annual dues is payable by check, cash or PayPal (at [www.boxboroughfamilynetwork.org](http://www.boxboroughfamilynetwork.org)). *Financial Hardship scholarships are available.*

Date

Parent Names

Address

Email address

Telephone

Alternate/Cell

Name of child

Date of birth

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Does your child(ren) have any allergies which we should be aware of?

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**\*Please note that we are an all-volunteer organization.** Are you able to help with any of the following: Baking\_\_\_\_\_ Assist with event planning\_\_\_\_\_

1 hr event staffing\_\_\_\_\_

Steering Committee\_\_\_\_\_

Other interest (please specify)\_\_\_\_\_

How did you hear about BFN?\_\_\_\_\_

*BFN is a registered 501(c)3 non-profit community organization. We are affiliated with First Connections and the Justice Resource Institute.*

**BOXBOROUGH FAMILY NETWORK HOLD HARMLESS AGREEMENT\***

In consideration of being allowed to participate in any way in BOXBOROUGH FAMILY NETWORK activities and related events, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program may be significant and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist, and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS on my own behalf and on behalf of the minor(s) for whom I am responsible, both known and unknown, and assume full responsibility for my participation; and;

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest BOXBOROUGH FAMILY NETWORK representative immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, BOXBOROUGH FAMILY NETWORK, its officers, officials, agents, other participants, affiliated organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), from any and all claims whatsoever, including disability and/or death, or loss or damage to person or property whether now known or arising in the future; and

5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover any and all attorney's fees if incurred in successfully defending against such claim; and

6. I hereby certify that I have authority to enter this agreement on behalf of the minor(s) and agree to be bound by all terms and conditions of this agreement. I further agree to hold harmless and indemnify BOXBOROUGH FAMILY NETWORK, its agents and/or employees, for any and all claims whatsoever brought by the minor and all claims whatsoever brought by a third party arising in connection with the minor.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

This is to certify that I, as parent/guardian with legal responsibility for this/these participant(s) do consent and agree to his/her/their release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the minor child(ren)'s involvement or participation in these programs as provided above.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact email or phone #: \_\_\_\_\_

**BFN is affiliated with First Connections and the Justice Resource Institute.**

\*Prepared and intended for exclusive use by BFN and its members by *Kennedy & Kish, Concord, MA (2007)*.

I hereby give permission for my child's photograph to be used in BFN publicity or display on BFN's website. Absolutely no personal information will be included without parent approval of the verbiage prior to publication. Please circle: Yes No