



LOCAL MOMS CLUB® MEMBERSHIP INFORMATION AND LIABILITY RELEASE

All members must have a signed Membership Information and Liability Release on file with the local MOMS Club before attending any activities or programs.

Name: _____

Address: _____

Telephone: _____ Neighborhood: _____

Cell Phone: _____ Email Address: _____

Mom's Birthday: _____ Husband's Name: _____

Children's Names and Birthdays (please include birth years):

Are you interested in having our newsletter and calendar emailed to you? _____

Are you interested in joining a playgroup? _____

Have you ever been a member of this or any other MOMS Club? If so, where and when?

Do you work or volunteer? If so, what do you do?

What are your hobbies or special interests?

How did you hear about us?

The information above may be included in the chapter roster or newsletter. It will also help us plan future activities. If you have an idea for the chapter, please discuss it with a member of the Executive Board.

I, the undersigned, understand that my participation and the participation of any members of my family in any MOMS Club activity or program is completely voluntary, and I hereby give permission for myself and my family to join in those activities or programs. My family shall hold harmless this local MOMS Club, the MOMS Club Corporation, any MOMS club volunteers or representatives, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accident, illness or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

I, the undersigned, the parents of _____ give permission
(child/children's name/s)

for the MOMS Club of Bristow-North to use his/her/their picture in the newsletter. My family shall hold harmless this local MOMS Club, the MOMS Club Corporation, any MOMS club volunteers or representatives, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accident, illness or injury that occurs during or as a result of any function, picture or program. I accept that the final responsibility for my safety and that of my family rests with me.

Date

Member's Signature