



2018-2019 membership Form

www.cachehomeschool.org

Parents' Names: \_\_\_\_\_

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

Phone Number : \_\_\_\_\_

email address: \_\_\_\_\_

additional email address: \_\_\_\_\_

Children's Names	Age	Grade	Type of Schooling this year*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use reverse for additional children)

\*Please choose one for each child: Home school; On-line school (publically funded); Private school; Public school; Not yet schooled; or Graduated.

CACHE membership requires a commitment to serve in two or more of the following areas:

Art & PE	Family Nights	Swimming	Mom's Meetings	Standardized Testing
Fish Booth planning/set-up	Field Trips	Fine Arts Night	Lending Library	Other (please explain)

Join Swimming Additional Fee of \$25.00

Waiver of Liability and Assumption of Risk:

By signing this form, I understand that I am permitting myself or my minor child/children, for whom I am legally responsible, to participate in event and activities organized by Crawfordsville Area Christians Helping Each Other, Inc. (CACHE, Inc.). I understand that participants can and do suffer injury while participating in these types of events activities and that injuries can be serious or fatal. I agree to hold harmless CACHE, Inc., its officers, agents, members, and employees in the case of injury or illness suffered by myself or my child/children directly resulting from participating in all events organized by CACHE, Inc. I further understand that CACHE, Inc., its members and representatives are not directly responsible for supervising my child during the course of the school year.

I have read the "CACHE, Inc. Waiver of Liability and Assumption of Risk" section and have read, understood, and acknowledge receipt of the CACHE, Inc. guidelines.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Completed form and 2016-2017 membership dues of \$30 may be returned at Back to School Night or mailed to:

CACHE, Inc. P.O. Box 122 Crawfordsville, IN 47933



## 2018-2019 Youth Waiver and Release of Liability

In consideration of being allowed to participate in any way in CACHE, Inc. related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economical losses which might result not only from their own actions, inactions, or negligence, but in the action, inaction, and negligence of others or the condition of the premises or of any equipment used. Further, that there may be other risks not know to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

4. Release, waive, discharge and covenant not to sue CACHE, Inc., its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or hers heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP  
SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.**

Name of Member/Participant (print) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Relationship (print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Address of Member/Participant \_\_\_\_\_

Telephone Number of Parent/Guardian \_\_\_\_\_

Today's Date \_\_\_\_\_

Completed form may be returned at Back to School Night  
or mailed to:  
CACHE, Inc. P.O. Box 122 Crawfordsville, IN 47933



## 2018-2019 Adult Waiver and Release of Liability

In consideration of being allowed to participate in any way in CACHE, Inc. related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facilities and equipment to be used, and if the member/participant believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economical losses which might result not only from their own actions, inactions, or negligence, but in the action, inaction, and negligence of others or the condition of the premises or of any equipment used. Further, that there may be other risks not know to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

4. Release, waive, discharge and covenant not to sue CACHE, Inc., its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or hers heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP  
SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.**

Name of Member/Participant (print) \_\_\_\_\_

Signature of Member/Participant \_\_\_\_\_

Address of Member/Participant \_\_\_\_\_

Telephone Number of Member/Participant \_\_\_\_\_

Today's Date \_\_\_\_\_

Completed form may be returned at Back to School Night  
or mailed to:  
CACHE, Inc. P.O. Box 122 Crawfordsville, IN 47933