

**TOWNLEY WOMEN'S CLUB OF DEERFIELD
MEMBERSHIP APPLICATION**

NAME _____ BIRTHDAY: MONTH _____ DAY _____
(As you wish it to appear in the yearbook)

HUSBAND'S FIRST NAME _____ PHONE _____

ADDRESS _____ TOWN _____ ZIP _____

EMAIL ADDRESS (if you wish it listed in yearbook) _____

FOR NEW MEMBERS ONLY, or if you wish to sign up for a new Interest Group. If you have already joined the group, you do not need to sign up again, but you still need to send in this form.

_____ Adventures and Excursions*

_____ Gourmet (Thursday)

_____ Book Group

_____ Light Cuisine

_____ Bridge (Couples)

_____ Matinee Theater*

_____ Bridge (Ladies)

_____ Out to Dinner Club

_____ Gourmet (Wednesday)

_____ Social Singles

_____ Movies and Munchies

*Groups with small additional membership fees

Other interests you have (not listed above) _____

PLEASE RETURN THIS FORM and checks payable to **Townley Women's Club of Deerfield** in the amount of \$35

Mail to: Townley Women's Club of Deerfield
PO Box 680
Deerfield, IL 60015

(Please specify **MEMBERSHIP** clearly on the envelope)

MEMBERSHIP DUES MUST BE PAID BY JUNE 15TH
and WAIVER on other side MUST BE SIGNED AND RETURNED WITH
MEMBERSHIP FORM AND CHECK

Thank you!

EVERY TOWNLEY MEMBER MUST SIGN AND RETURN THIS WITH THEIR MEMBERSHIP FORM AND CHECK. THANK YOU.

**TOWNLEY WOMEN'S CLUB OF DEERFIELD 2014-2015
WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in a Townley event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with the Townley Women's Club of Deerfield (hereinafter referred to as "Townley").

I recognize and acknowledge that there are certain risks of physical injury to participants in the program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. In the event of an emergency, I authorize a Townley member to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me for my immediate care. Participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant. I further agree to waive and relinquish all claims I may have as a result of participating in an activity against Townley. I do hereby fully release and forever discharge Townley from any and all claims for injuries, damages or loss that may accrue to me arising out of, connected with, or in any way associated with any Townley activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waive and release of all claims.

Signature _____

Print Name _____

Date _____