



# Creative Arts Council/Creative Arts Center Member Enrollment Form

PO Box 1164, Eureka, Montana 59917-1164

www.CreativeArtsEureka.org

(406) 297-3270 - info@EurekaArtsAndHistory.org

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

- NEW MEMBER
- MEMBERSHIP RENEWAL

1st Member: \_\_\_\_\_

(If enrolling as a family fill out additional members names - up to 4 members total. If additional members are needed please see section to the right)

2nd Member: \_\_\_\_\_

3rd Person: \_\_\_\_\_

4th Person: \_\_\_\_\_

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

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

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

- Yes! I would like to receive the CAC newsletter and emails announcing CAC programs and events.

I have enrolled in the following:\*

Class(es): \_\_\_\_\_

Instructor(s): \_\_\_\_\_

- I would like to know more about volunteering at the Creative Arts Center by participating in programs, events, operations, and/or the Board of Directors.
- I have a hobby or a talent that I would like to share with others. Please contact me on how I can do that through the CAC.

**Membership Type: (check one)**

- Temporary Membership \$2 per person per day
- Individual - \$25/year
- Family - \$35/year for first 4 members and \$5 member thereafter (list first 4 to the left and additional family members here if needed)

(+\$5) \_\_\_\_\_

(+\$5) \_\_\_\_\_

(+\$5) \_\_\_\_\_

(+\$5) \_\_\_\_\_

- Donation: \_\_\_\_\_
- Contact me about a donation

(as a 501c3 nonprofit, the Creative Arts Council, which operates the Creative Arts Center, depends on donations to support operations. Your donation may take the form of cash, stock, professional services, or goods or property of value to the CAC. We deeply appreciate your support.)

Amount Paid: \_\_\_\_\_

- Cash
- Online - Payee Name \_\_\_\_\_
- Check #: \_\_\_\_\_

**If member is a minor, parent/guardian must sign:**

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

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

Relationship to minor \_\_\_\_\_

Date \_\_\_\_\_

Call with questions or comments: (406)297-3270

For office use: QB data chimp cert

**\*PLEASE COMPLETE BACK SIDE OF THIS FORM IF YOU ARE IN A CLASS OR ACTIVITY**

# HOLD HARMLESS AND EMERGENCY INFORMATION FORM

Every effort is made to avoid accidents and illness while involved in programs at the Creative Arts Center. However, participants and their guardians must acknowledge that participation is at their own risk. In the event of injury or illness, the participant and/or guardian agree to hold the Creative Arts Center, the Creative Arts Council and its Board, along with its volunteers, staff, and instructors harmless and not responsible for damages and/or medical fees associated with injuries or illness occurring while involved in the programs or while on the premises. My signature below confirms this understanding.

Permission to administer first aid and/or obtain needed medical attention for an injured participant in the event emergency contacts cannot be reached is hereby granted.

\_\_\_\_\_  
Signature of Participant (or of guardian if participant is a minor)    Print your last name    Date

Name(s) of minor(s) (List only if not included on reverse side) \_\_\_\_\_

\_\_\_\_\_  
Program(s): \_\_\_\_\_

Emergency Contact #1 Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Emergency Contact #2 Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Preferred Doctor or Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

## VIDEO AND PHOTO RELEASE

I hereby grant to the Creative Arts Council and its employees, agents, and assignees permission to photograph and/or videotape images of

me and my minor child(ren) (please print names) \_\_\_\_\_

\_\_\_\_\_  
and permission to use any physical likenesses (as the same may appear in any still camera or motion image including voice and other sound recordings produced by me) for promotional and documentation purposes associated with the operations of the Creative Arts Council and the Creative Arts Center including (but not limited to) advertising, informational and grant writing operations with no restrictions on the number of times and dates for which this use applies. I hereby also waive any rights I may have to inspect or approve the finished production, advertising copy, or printed matter associated with the uses with which said images and recordings may be applied.

\_\_\_\_\_  
Signature of Participant (or of guardian if participant is a minor)    Print your last name    Date