



Creative Arts Council/Creative Arts Center Member Enrollment Form for Businesses

PO Box 1164, Eureka, Montana 59917-1164
(406) 297-3270 info@EurekaArtsAndHistory.org
www.CreativeArtsEureka.org

Please have each employee fill out this form and return to the CAC via the dropbox located at the front of the building or by scanning and emailing to info@eurekaartsandhistory.org

Today's Date: _____

Business Name: _____

Member Name: _____

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.

Address: _____

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.

Phone: _____

Email: _____

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

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.

If you would like to add up to 3 other members from your household you can do so for the discounted price of \$25. List your additional members below and include a check or cash with your form. You may add more than 3 for \$5 each.

1. _____

2. _____

3. _____

4. (+\$5) _____

5. (+\$5) _____

6. (+\$5) _____

7. (+\$5) _____

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

Updated 3/20/23