

GT Connections Membership

Resident \$15 _____

Non-Resident \$35 _____

Membership is calendar year January 1 - December 31

Member Name	
Address	
City and Zip	
Phone Numbers	
Date of Birth	
Email Address	
Emergency Contacts	
Emergency Contact Phone Numbers	
Medical Conditions	

Emergency Information and Waiver and Release Form

In consideration of my participation with GT Connections, I agree to release Georgetown Township, its officers, agents, and employees, whether on a permanent, temporary, or voluntary basis, from all claims, liability, actions, causes of action, and/or damages by the undersigned person, for loss or injury resulting from participation in any Township or GT Connections functions, activities, events, trips, or transportation, whether held on Township property or elsewhere. I understand that I participate in the program at my own risk and I confirm that I have no physical, emotional or mental conditions that may restrict my participation in the program. I grant permission to Georgetown Township to obtain any necessary emergency service at my expense should I sustain any injuries.

I have read the release and understand that this is a full final release of all claims for injuries and damages sustained while participating in GT Connections events and I understand the responsibilities I have assumed.

X _____ **Date:** _____

Activity Policy

I understand that I must call GT Connections at least 24 hours in advance to cancel an activity/lunch/trip/etc, that I have signed up for. If I do not cancel prior to 24 hours, I realize that I will not receive a refund.

X _____ **Date:** _____