

# SOAR CLASS REGISTRATION FORM: WINTER 2018

\_\_\_\_\_  
First Name Last Name ( ) Phone

\_\_\_\_\_  
Address City/State Zip

\_\_\_\_\_  
E-mail address Please provide a local emergency contact person, name and number.

## PLEASE READ BEFORE FILLING OUT THE REGISTRATION FORM:

Membership Fee for the Winter 2018 Program: **\$70.00**

**Total Enclosed \$** \_\_\_\_\_

1. **RETURN BY MAIL ONLY TO:** SOAR c/o Adat Shalom Synagogue  
29901 Middlebelt Rd., Farmington Hills, MI 48334  
**I am a faculty member this term**

*I am willing to volunteer for SOAR as a:*  
Class Attendance Taker

*A confirmation letter will be sent verifying your enrollment. If you do not receive a confirmation letter by Feb. 16, 2018 please e-mail the SOAR office at [soarcontact@gmail.com](mailto:soarcontact@gmail.com) or call (248) 626-0296.*

**All registrations must include the signed waiver that appears on the back of this form.**

**OVER FOR  
WAIVER** 

### STEP 1 Opening Mail

### [OFFICE USE ONLY]

Today's Date \_\_\_\_\_ Postmark Date \_\_\_\_\_ Mail Opener Initials \_\_\_\_\_ Registration Number \_\_\_\_\_

Member Name: \_\_\_\_\_ Instructor (No Check): \_\_\_\_\_ Check Missing:  (highlight missing)

**STEP 1b**  Check here for two membership fees (\$140.00). Please note: There must be a Registration form for *every member*. If there is not, please make one.

Place \$70.00 on \_\_\_\_\_ (member name) Place 70.00 on \_\_\_\_\_ (member name)

**STEP 2b** Check#: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Signed by: \_\_\_\_\_

**STEPS 3-5** Class Registration Initials \_\_\_\_\_ Check Entry Initials \_\_\_\_\_

Register online at: [www.soarexplore.com](http://www.soarexplore.com)

**Society of Active Retirees**  
**Waiver, Release of Liability, and Indemnity Agreement**

I, the undersigned, acknowledge the inherent risks involved when using the facilities and attending classes of the **Society of Active Retirees, a Michigan non-profit corporation (SOAR)**, and while engaging in all activities and programs relating thereto, including, but not limited to, field trips, special events, bus trips, meetings and special interest group events and meetings (collectively, “Activities”). Accordingly, as consideration for being allowed to use the facilities, attend classes, and otherwise participate in the Activities, I agree to the following:

I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my actions, but also from the action, inaction or negligence of others, or the condition of the premises, or any equipment used in connection with any Activity, and further that there may be risks not known to me or not reasonably foreseeable. I expressly assume all risks of injury, including death, which may occur in connection with my participation in any of the Activities with **SOAR**.

I agree to assume all the foregoing risks and accept full responsibility for my own damages following such injury, permanent disability or death.

I, for myself and on behalf of my family and estate, release, waive, discharge, and agree not to sue **SOAR**, its owners, volunteers, faculty, respective agents, affiliates, associates, officers, directors, and employees (collectively “Releases”) from all demands, losses or damages on account of any bodily injury, death or property damage caused or alleged to be caused in whole or in part by Releases or any other party’s actions, inactions or otherwise, whether or not foreseen by them. I also agree to indemnify, hold harmless, and defend the Releases from any and all third party claims caused in whole or in part by my actions.

I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as **SOAR** may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency. In connection with any Activity, I understand that I may be photographed. I consent to, and **SOAR** has the right to use for any legitimate purpose, any photographs, film or video footage, sound recordings or other form of representation of my person or likeness that is taken of me during any of the Activities.

I expressly agree that the terms of release and indemnity contained herein are intended to be as broad and inclusive as are permitted by the laws of the State of Michigan. If any provision of this Waiver, Release of Liability, and Indemnity Agreement is determined to be invalid, illegal or unenforceable in any respect as written, such provision shall be automatically modified to the minimum extent necessary to make it enforceable and the provision as so modified shall be enforced, without invalidating the Agreement as a whole.

**I, the undersigned, have read the above Waiver, Release of Liability, and Indemnity Agreement and agree to its terms. I understand that by signing below, I am giving up substantial rights on behalf of myself, my family and estate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date