



Gujarati Society of Central Florida, Inc

1675 Rachel's Ridge Loop, Ocoee, FL 34761

www.gujaratisocietycfl.com

Not for Profit Corporation Number: N05000003619

EIN: 05-0620278

MEMBERSHIP FORM 2020 (JANUARY TO DECEMBER)

PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY

TOTAL PAID

CHECK #

Primary Member's Name & Address

Primary Ph:(Will be published): _____ Alternate Ph: _____

Email address: _____ Alternate email address: _____

Last Name (Below)	Relationship	Date of Birth mm/dd/yyyy	Children Age 0 to 5 FREE	Children Age 6 to 18 \$ 50	Adults Age 19 & UP \$ 100	Fees will Increase by \$25 each after June 1, 2020
First Names (Below)		Subject to age verification	Special Rate \$90 for adults only before Nov 17, 2019			
Or First & Last name if different Last name than above		Primary (Self)				
Total:						
FOR MORE INFO Email : INFO@GUJARATISOCIETYCFL.COM				Grand Total:		

Liability Waiver: As the willing Attendee of events and/or participant with GSCFL, you hereby accept all risk to your health and of injury or death that may result from participating and, hereby release GSCFL, its officers, employees, interns, contractors, sponsors and representatives from any and all liability to you, your personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to your property and for any and all illness or injury to person, including death, that may result from or occur during participation, whether caused by negligence of GSCFL, its governing board, officers, employees, or representatives, or otherwise. You further agree to indemnify and hold harmless GSCFL and any third-party company from liability for the injury or death of any person(s) and damage to property that may result from your negligent or intentional act or omission while attending and participating. Under no circumstances will the GSCFL or their assigns be held liable for your injury or death or any loss or damage of your personal belongings resulting from participation. Should you require emergency medical treatment as a result of accident or illness arising during attendance and participation, you consent to such treatment. You acknowledge and agree to be financially responsible for any medical or legal bills that may be incurred as a result of emergency medical treatment. You will notify us verbally and in writing if you are at any time injured prior to, during, or after the event in your travels or attendance, or if you have medical conditions about which emergency medical personnel should be informed; however, you do understand that GSCFL is not legally obligated to act on that information in any way or to providing any medical service whatsoever to you. You agree that if you have any medical or psychological conditions that may hamper you from fully and healthfully participating in the event that you will notify GSCFL agents/Board of Directors in writing and that they retain the right to ask that you not participate in portions of or the entirety of the event.

Please Mail your complete membership form with the payment at the above address.

To defraud would result in cancelling membership and no refund will be given