

Barren River Home School Association Membership Application

The Barren River Home School Association exists, first, to honor the Lord Jesus Christ by providing a Biblical atmosphere in which to nurture our children and, second, to serve, support and connect home schooling families in and around the South Central Kentucky area-

Father's Legal Name (First, Middle, and Last)

Mother's Legal Name (First, Middle, and Last)

Please list legal names of all other adults living in the home. (First, Middle, and Last)

If you were a member last year, how many contiguous years have you been in BRHSA? _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Primary Phone: _____ Type (home, work, mobile) _____

Alternate Phone: _____ Type (home, work, mobile) _____

Email: _____

(We need at least one e-mail address. The public library provides free internet access.)

I have read and will adhere to the guidelines of the Constitution and By-Laws of BRHSA located at <http://brhsa.org>. It is my responsibility to check the website for updates to BRHSA policy and to keep the information in my profile on the website up-to-date.

I understand that it is the responsibility of the parent to discipline his/her child at all BRHSA activities and functions. I understand BRHSA maintains a Christian environment. If after due deliberation, the BRHSA Board finds that the parent fails to assume that responsibility, the Board has the right to exclude that child from further BRHSA activities and functions.

I understand that I am bound by the terms of this document and the attached waiver during the time I am a member of BRHSA. I understand I may terminate this agreement and my membership by sending a letter to PO Box 142, Bowling Green, KY 42102.

I understand that membership in BRHSA entitles members to attend group functions and receive access to the BRHSA website <http://brhsa.org>.

I understand that any list of BRHSA names, addresses and phone numbers ARE NOT to be given to any non-members of BRHSA. For the protection of our children, all adult applications will be checked against <http://www.nsopw.gov> and a digital picture will kept on file or an in-person visual check with valid photo ID will be required each year.

It is my responsibility to check the website for updates to BRHSA policy and to keep the information in my profile on the website up-to-date.

Please Read Carefully, By Signing, You Are Agreeing to Abide By BRHSA Policies

Signature: _____ Date: _____

Waiver and Release

Barren River Home School Association (BRHSA) is a group of volunteer members and their families. Our leadership team is comprised of members within our organization who have volunteered to guide activities and lead group discussions. In an effort to hold harmless those volunteer members in leadership and those volunteer members who come forward to organize events, field trips, co-ops, parties, etc. we ask that ALL MEMBERS acknowledge that they are responsible for their selves, their children and their guests AT ALL TIMES. Any damage or liability to persons or property are the sole responsibility of the person (or in the case of minors, parents/legal guardians of minor child) responsible for said damage OT liability.

Release executed on the _____ day of _____ (month), by _____ (your full name)
(the "Releasor") (acting as agent for all participating family members) of _____ (home address), to
Barren River Home School Association (the "Releasee") of PO Box 142 Bowling Green, KY 42102.

I, as agent for myself and family members, the Releasor, being of lawful age, during the time that I am a member of BRHSA, in consideration of being permitted to participate in home school support group meetings and activities run and/or operated by the Releasee, WAIVE, RELEASE, and DISCHARGE the Releasee, its owners, officers, directors, employees, members, agents, assigns, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activity and each of them their owners, officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor and/or family members, which has been or may be sustained in consequence of the Releasor's participation the activity(s) described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, that I fully understand the same, and that I am freely and voluntarily executing the same. By signing this release I and my family members will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I or my family members may sustain while participating in or preparing for the above noted activity(s). I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Waiver and Release agreement.

I understand that this Waiver and Release agreement is binding on me, my spouse, my heirs, my executors, administrators, personal, representatives and assigns.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not a mere recital.

This Waiver and Release Agreement will be constructed in accordance with and governed by the laws of the State of Kentucky, and it is acknowledged by the Releasor to be broad and inclusive as permitted by the laws of this jurisdiction.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEE(S).

The Releasor has executed this Waiver and Release (city) _____ - (county) _____ at (state) _____ on the (date) _____ day of (month) _____, (year) _____.

_____ (signature) as SIGNED, SEALED AND DELIVERED. Agent for self and all participating family members. In the presence of WITNESS _____.

For the purpose of making signing up as simple as possible, this form only covers a limited number of items. If your application is accepted, you will be directed to a website to complete the process.

Note: This document and the waiver below must **BOTH** be signed and sent with a check to the address at the bottom of the waiver. The waiver requires your signature and the signature of another adult as witness.

Please mail signed application, signed waiver and a \$25 check (3 items) made payable to BRHSA to:

Membership Coordinator

PO Box 142

Bowling Green, KY 42102

(Please note after January of any school year the member dues go to % the price, \$12.50 this year.)