

## Revive to Survive - Membership Form

**Mission:**

- Promote participation of youth in volunteerism.
- Raise awareness of the difficulties faced by families due to poverty and chronic illnesses.
- Fundraise through projects aimed at providing medicines, medical supplies /equipment and other necessities.
- Promote patient mental and physical welfare with emphasis on hospice.
- Facilitate education and exchange of knowledge.
- Fundraise for humanitarian causes and natural disasters

**Important Membership Information:**

Members must be at least 12 years of age. Members between 12-17 years of age are considered Minors, and must have a parent /guardian in the organization. Members other than Minors and Representatives must annually satisfy one of the following to be in good standings with the organization.

- Donate/raise \$50 towards the organization.
- Have volunteered 10 hours towards the organization. This includes attending meetings, helping in various fund raising activities or performing services on behalf of the organization.

\* Required field    \*\* Required field if Minor

Member Information			
Last Name*:	First Name*:	M.I.:	
Email*:	Telephone:	Age**:	
Address*	City*:	State*:	Zip Code*:

**Acknowledgement of Risk of Injury/Release and Waiver** - I acknowledge and understand that there may be a risk of injury involved in the activities, which I will engage in by joining Revive to Survive (RtoS). In consideration of RtoS allowing me to participate in its activities which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not use, hold harmless and indemnify, on behalf of respective officials, agents, members and executive officers from liability to me, as well as my personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action from or out of any injury, known or unknown, to property or body, that I may suffer from participation in RtoS activities.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

I have read and understood the constitution and the by-laws of the Revive to Survive organization.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Parent/Guardian if the member is a Minor (between 12-17 years of age).**

I have read and understood the constitution and the by-laws of the Revive to Survive organization.

Parent/Guardian Name\*\* : \_\_\_\_\_

Parent/Guardian Signature\*\* : \_\_\_\_\_ Date\*\* : \_\_\_\_\_