

MEMBERSHIP AGREEMENT

I have read and agree to adhere to the complete ETC Policies, including the Code of Conduct and Financial Policies. I understand the stated Purpose and the Statement of Faith by which the Leadership Team will make decisions for the group. I also understand the purpose of the Participation Requirements. I agree to fulfill these requirements and pay the Membership Fee and other Activity and Consortium Fees for those activities for which I sign up. I agree that my family will attend required Orientations and participate in ETC activities in accordance with these guidelines. (All policies and referenced documents are published at etcnwa.com.)

LIABILITY RELEASE

I understand that there may be risk associated with the events, functions or activities in which I, my children, family members, or guests participate through the Eclectic Teaching Consortium, hereinafter referred to as ETC, whether operating as an organization or corporation. In consideration of the right to participate in these events, I hereby agree to release, waive, and hold harmless ETC, its leadership, members, and volunteers from any and all liability, loss, or damage and any claim or demands for the same for any of the following: (a) bodily injury of any kind or death to any person participating in any ETC event, function or activity; (b) damage to any property arising out of or related to my, my family's, or any guests attendance or participation in any ETC event, function or activity. I agree to be personally responsible for myself, my own children, my own family members, and my guests at all times when participating in any ETC event, function, or activity. I also agree to take full financial responsibility for any damages caused by me, my children, my family members, or my guests, to any property, and I therefore, agree to indemnify ETC and its leaders and volunteers for any such damages for which they may be charged.

I/We, the Legal Guardian(s) hereby grant ETC, ITS LEADERS, and ITS CHAPERONES AND VOLUNTEERS full authority to take whatever actions they may consider to be warranted under emergency circumstances for my child's health and safety. I/We understand that no medical insurance is provided by ETC covering illnesses or injuries of any nature incurred during any event. That is, it is the responsibility of each participant to provide his or her own insurance coverage. I certify that I am the legal parent or guardian of the participants listed below and that I have fully read and fully agree to everything in this document. I hereby join in each and every part of the release and hereby relinquish any claim that I might have against ETC and its chaperones.

Student Driver and Teen Drop Off Agreement

In the case of students over the age of fourteen who are dropped off for activities such as Consortium or Teen Activities, the parent or guardian of dropped off students is responsible for permissions for his or her child to arrive, leave or drive. ETC Leadership and volunteers WILL NOT check for parental guidelines regarding arrival, departure or mode of transportation. That is solely the responsibility of the parent to set family boundaries. If the parent has concerns they are encouraged to attend events with their child. All events are scheduled for specific times and a child should respect the start and end times of each event. Violation of ETC policies, or a lack of consideration of scheduled activities and common courtesy may mean the child is allowed to attend future events only in the accompaniment of a parent. By sending your child to the teen events without a parent/guardian/chaperone you are agreeing to the policy.

On behalf of the following children: (List all children and ages)

NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____

This is a legal document enforceable under the laws of the State of Arkansas. I/we have read it and understand it.

Signature _____ **Date:** _____

Signature _____ **Date:** _____

Please submit to an ETC Leadership Team Member or mail to ETC, P.O. Box 1757 Bentonville, AR 72712.