Mix N Mingle of Collier County

Jewish singles, ages 55 + who want to socialize and engage in activities.

2016 Membership Form

The membership year is from November 1 until October 31 of the next year.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community in which you live \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership fees, minimum donation of $10 \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Please make your check payable to Jewish Federation of Collier County (JFCC) and mail this completed form to

 JFCC/MMs, 2500 Vanderbilt Beach Rd., Ste 2201, Naples, FL 34109

Waiver and Release of Liability

As a participant traveling to and from and participating to destinations/events, I hereby take action for myself,

 my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I agree and acknowledge that neither the JFCC nor the Mix and Mingle nor any of their agents or employees, shall have responsibility for any loss, injury, or damage incurred or suffered by me in connection with my travel to and from to destinations/events including, but not limited to, any personal injury, death, or property damage. I hereby expressly waive all rights, claims, causes of action, of any nature whatsoever that I or my heirs or my legal representative may have against JFCC, the Mix and Mingle, or any of their agents or employees in connection with travel or participation in these destinations/events. This waiver and release of liability shall be construed broadly to the maximum extent permissible under Florida Law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_