

Institute for Continued Learning Membership Registration Form



Mailing Address: ICL
Dixie State University
658 East 200 South
St George, UT 84770

Office Location: 658 East 200 South
St. George, UT
(435) 652-7670



MEMBER INFORMATION. PLEASE PRINT & FILL OUT COMPLETELY.

Last Name		First Name		Middle Initial
Street Address			City	State Zip
Birth date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number	Were you a member of ICL last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:		Would you like to contribute to the ICL Founders' Scholarship Endowment? <input type="checkbox"/> Yes <input type="checkbox"/> No No credit cards. Donation is tax deductible. For this donation only, make checks payable to DSU.		

What was your life's work before retirement? _____

Would you like to receive the ICL Newsletter: by downloading from our website at <http://icl.dixie.edu/>
(THIS IS **NOT** SENT BY EMAIL)

OR by mail

ICL is a volunteer organization. Would you be willing to volunteer some of your time if needed? Yes No

Type of volunteer work: Office Newsletter Mailings Class Instructor ICL Council ICL Committee

How many hours per week? _____ or month? _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I the undersigned, in conjunction with the Institute for Continued Learning (ICL) allowing me to register for participation in ICL classes and activities, do freely and voluntarily agree to release, save, hold harmless, and indemnify ICL from any and all claims of loss, injury or damage, suit, action, demand, fine, judgment or decree and any expense thereof, including a reasonable attorney's fee that may happen or occur to me as a result of or consequence of having attended and/or participated in any ICL class or activity. This release includes all representatives of said organization including staff, volunteers, affiliates, directors, sponsors or other employees.

ICL does not carry an accident or health insurance policy on participants. A participant is responsible for costs incurred as a result of accident or injury. ICL will not be held responsible or liable for an accident or injury unless there is negligence on our part.

If I participate in any off campus activities associated with ICL, I further agree that:

1. I understand that there is a risk of injury resulting from participation in the activity or event. I assume full responsibility for my personal health and well-being and my personal property while participating in this activity; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the activity instructors or coordinators.

I certify that the information provided in this application is true and correct to the best of my knowledge and that I have read the Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I understand that ICL dues are not tax deductible.

Signature: _____ Date: _____

OFFICE USE ONLY: Check # Cash Credit Card Badge Data Entry