

South Dakota Christian Home Educators (SDCHE)

September 1, - August 31, New and Returning Member Form

Instructions:

Please fill in completely if you are joining or renewing your membership. Both Parents must sign to have 2 voting members. Checks payable and sent to:
SDCHE, PO Box 9571, Rapid City, SD 57709-9571

Husband's Name _____
Last Name First Name

Wife's Name _____
Last Name First Name

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I am enclosing the \$30 annual membership fee for **SDCHE**

I am enclosing an additional gift of \$_____ to benefit **SDCHE**

Electronic Newsletter (via email) Email Address _____

OR

Hard Copy Newsletter

SDCHE Mission Statement:

South Dakota Christian Home Educators, (**SDCHE**) is a nonprofit, Christ-centered organization dedicated to primarily serving home educators in western South Dakota and secondarily serving home educators across South Dakota and in neighboring states. Our mission is to provide a covering, support and encouragement for home educators, educate people about homeschooling, provide opportunities for children's enrichment and growth through various activities, promote homeschooling to the general public, and monitor legislative issues related to homeschooling.

Signature of Husband

Date

Signature of Wife

Date

South Dakota Christian Home Educators

P.O. Box 9571
Rapid City, SD 57709

CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I and my family wish to participate in activities sponsored by South Dakota Christian Home Educators (hereafter "SDCHE").

SDCHE makes no representation or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, rented, operated or maintained by SDCHE.

I understand that all activities are VOLUNTARY and that we do not have to participate unless we choose to do so. I understand that these activities could be potentially dangerous or harmful to me, my family or my property, and that by participating I voluntarily accept and assume all the risk of injury or damage.

I understand that SDCHE does not provide insurance coverage for me, my family or my property. I acknowledge that I am responsible for my safety and my health care needs, and for the protection of my property.

In exchange for allowing me and my family to participate in these SDCHE activities and events, I and my family agree to release from liability, agree to indemnify, and hold harmless SDCHE, and any SDCHE board member acting in the scope of their duties, for injury or damage to me, my family or my property.

This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I understand that this is a legal document. I have read and understood this release and I understand all its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

Legal Name (Print): _____

Legal Name (Sign): _____

Family Member(s) Names (Print): _____

Date: _____