



Date: _____

Phone: _____ Email: _____

Address: _____

Name: _____

Age: _____

Birthdate: _____

How many people in your immediate family will take part in our activities and events?

How many siblings? How many Adults?

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

- | | |
|--|---------|
| ☐ 2026 *FAMILY Annual Membership Dues | \$45.00 |
| ☐ 2026 *FAMILY Renewal (for 2025 members) | \$40.00 |
| ☐ 2026 **ADULT Group Annual Membership Dues | \$35.00 |

***FAMILY MEMBERSHIP IS FOR IMMEDIATE FAMILY MEMBERS ONLY. THAT INCLUDES THE INDIVIDUAL WITH AUTISM AND THEIR PARENT(S) OR GUARDIAN(S) AND SIBLINGS UNDER 18 THAT LIVE IN THE SAME HOME.**

****ADULT GROUP MEMBERSHIP IS FOR THE ADULT WITH AUTISM (18+) AND ONE PARENT/GUARDIAN/CAREGIVER IF REQUIRED TO ATTEND ANY EVENTS.**

IF YOU WISH TO HAVE ADDITIONAL GUESTS ATTEND AN EVENT WITH YOUR FAMILY, PLEASE CONTACT US AS YOU MAY HAVE AN OPPORTUNITY FOR YOU TO PURCHASE TICKETS/ADMITTANCE FOR THE EVENT AT COST PRICE TO SAFE – WE CANNOT GUARANTEE THIS BUT WILL ENDEAVOR TO SEE WHAT WE CAN DO TO ACCOMMODATE YOUR REQUEST.

Return payment and application form to SAFE at PO Box 299, Conyngham, PA 18219

**For our larger events, such as camp, Montage Water Park days etc. there MAY be a conditional refundable deposit on registration that will be a percentage of the cost for the family/adult group member to attend. The deposit will not be returned if your family/adult group member does not attend the event. This partially covers the cost of the event that we have had to pay for your family to attend that we cannot get back from the venue*
Some programs like swimming or music may have a cost share to families if funding is not available.*

Office use only

Database ☐ Receipt ☐ Accounts ☐ Member Letter ☐

As I Am.



PHOTO RELEASE

Date: _____

For good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably grant to SAFE, Inc., subsidiaries and anyone who receives permission from them (collectively, "Licensees"), the fully paid up and royalty-free right to use my name, likeness and/or photograph (collectively "my Likeness"), as depicted in the photo(s) taken by or on behalf of SAFE at any and all **events SAFE has organized that I and my family attend**, in whole or in part, in the production of advertising materials for Company products (the "Advertising Materials"), on the Internet (including on SAFE's official pages on social networks, mobile sites and applications), print and other non-broadcast media, in all forms of television, or any and all media now or hereafter known without limitation in perpetuity and without any further compensation, consideration, or notification to myself or any third party.

I acknowledge that SAFE shall have the unqualified right to alter, modify, edit, adapt, crop, couple, digitize or otherwise use my likeness as they see fit, without the need for further consent or approval on my or anybody else's part. I hereby waive all my rights to inspect and approve the finished product, its use or such written or spoken copy as may be used in connection therewith.

I hereby (i) expressly agree to indemnify, hold harmless and defend Licensees using my Likeness from and against any and all claims, demands, losses, costs, expenses and liabilities (including reasonable attorneys' fees) of any nature which may arise from SAFE's or any other person's use of the Photos, and (ii) covenant not to make any claims against the Licensees as a result of, any and all loss or claims caused by or occurring as a result of the exploitation of the Photo or other rights granted hereunder.

I warrant and represent that I am over 18 years of age, have full right and power to enter into this agreement for myself and my family and grant the rights set forth above without violating the legal or equitable rights of any person, firm or corporation.

(Name)

(Address)

(Signature)

(City, State, Zip)

(Phone)

To be completed by parent or legal guardian if the individual(s) depicted in photo's or videos at events are below the age of 18.

I, the undersigned, hereby warrant that I am the _____ (parent/guardian) of _____, a minor, and have full authority to authorize the above release which I have read and approved. I hereby release and agree to indemnify SAFE from and against any and all liability arising out of the exercise of the rights granted by the above release.

Signature of Parent or Guardian

Date