



Kinship, Adoptive & Foster Parent Association

Kinship, Adoptive & Foster Parent Association of Santa Clara County

Membership Application

Please complete this form thoroughly and return to KAFPA via mail or in-person with payment.

Name _____ Spouse/Partner Name _____

Home Address _____ Language Preference (English/Spanish) _____

City, State Zip _____ Other Language Spoken at Home _____

Home Phone _____ Primary Cell Phone _____ Secondary Cell Phone _____

Primary Email _____ Secondary Email _____

HOME TYPE (check all that apply)

Foster / RFA _____ FFA _____

Adoptive _____ Other _____

Kinship/Relative _____

NRFM _____ **Total number of children living in the home** _____

****PAYMENT**

*Membership Fee: \$ _____

Donation: \$ _____

TOTAL: \$ _____

\$50 until June 30th; and then \$55 starting July 1st

We accept cash, check or money order. You may either pay in-person or by mail (do not send cash by mail).

FOR OFFICE USE ONLY

Date Received		Received By		Type of Payment	
Date Processed		Processed By		Check/MO #	
Membership Expires		New or Renew			



Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of KAFPA (or for children in my care to so participate) for any purpose, including, but not limited to observation or use of the facilities or equipment, or participation in any on or off-site program affiliated with KAFPA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and consents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into KAFPA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE KAFPA RESOURCE CENTER FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON OR OFF-SITE PROGRAM AFFILIATED WITH KAFPA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE KAFPA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with KAFPA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, upon, or about the KAFPA premises or in any way observing or using any facilities or equipment of KAFPA or participating in any programs affiliated with KAFPA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about, or on the premises of KAFPA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with KAFPA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

X

Signature of Applicant/Parent/Caretaker

Date

Print Name of Applicant/Parent/Caretaker