



**Academy of Lifelong Learning  
Membership Form & Liability Release**

**New Member**       **Returning Member**      **Do you need a name tag?**  Yes  No

**MEMBERSHIP OPTIONS**

- Annual Membership-\$60
- Discounts (*Only 1 discount can be applied*)
  - Museum of the Coastal Bend Member-\$50
  - VC Retirees/Employees-\$50

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|                            |       |              |  |               |          |
|----------------------------|-------|--------------|--|---------------|----------|
| Last Name                  | First | MI           | Social Security Number ( <i>Optional</i> ) | Date of Birth | Sex      |
| Mailing Address            |       |              | City                                       | State         | Zip Code |
| Home Phone #               |       | Cell Phone # |  |               |          |
| How did you hear about us? |       |              | Email Address                              |               |          |

**EMERGENCY CONTACT**

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|              |              |
|--------------|--------------|
| Name         | Relationship |
| Phone Number |              |

**QUESTIONS OR MORE INFO:**

Victoria College  
Emerging Technology Complex  
Conference & Education Center  
Attention: Academy of Lifelong Learning  
7403 Lone Tree Road  
Victoria, TX 77905

Phone: (361) 582-2520

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|   |         |                       |                  |          |
|---|---------|-----------------------|------------------|----------|
| <b>Charge My:</b><br><input type="checkbox"/> AMEX <input type="checkbox"/> Discover<br><input type="checkbox"/> Mastercard <input type="checkbox"/> Visa | Amount: | Card No.:             | Expiration Date: | CID No.: |
| Name on Card:   |         | Authorized Signature: |                  |          |
| Billing Address:  |         |                       |                  |          |



**Victoria College Academy of Lifelong Learning  
Release and Waiver of Liability, Assumption of the Risk, and Indemnity Agreement**

This form is a legal release, assumption of risk waiver and covenant not to sue agreement. I, the above-named Member, am eighteen (18) years of age or older, and have voluntarily applied to participate in the Victoria College (“College”) Academy of Lifelong Learning (“ALL”). In consideration of my participation in the ALL, on behalf of myself, my family, heirs, and personal representative(s), I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named College, its governing board, officers, employees, and representative (collectively the “Releasees”) from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including death, that may result from or occur during my participation in the ALL, whether cause by negligence of the Releasees, or otherwise.

By my signature herein I hereby acknowledge that there will be times that the nature of an activity or trip may expose me to hazards or risks that may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that I am physically able, with or without accommodation, to participate in the ALL activities, whether that be an on campus class, day trip where I am driving myself, or a trip where the ALL is providing transportation, and am able to use the equipment and/or supplies associated with these activities.

I understand and agree that Releasees may not have medical personnel available at the location of any activities or on campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Should I require emergency medical treatment as a result of accident or illness arising during and activity put on by the ALL, I consent to such treatment. I acknowledge that the College does not provide health and accident insurance for participants in the ALL and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify College representatives in writing if I have medical conditions about which emergency medical personnel should be informed.

I also authorize the College to use or show any photos of ALL events which include me or my likeness.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

**I HEREBY AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE COLLEGE, ITS BOARD OF REGENTS, EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM ANY LOSS, LIABILITY, DAMAGE OR COST THAT MAY OCCUR DUE IN ANY MANNER OR DEGREE TO MY PARTICIPATION IN THE ACTIVITY LISTED ABOVE.**

PARTICIPANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name