

Public Access 5
Membership Agreement



Mail completed form and payment to: Public Access TV 5 • PO Box 5600 • Avon, Colorado 81620

| | | |
|---|------------------|---|
| <input type="checkbox"/> Individual Membership — \$25 annually for Eagle County residents outside Vail and Avon | | |
| First/Last Name | | |
| Mailing Address | | |
| City/State/Zip | | |
| Daytime Phone | Evening Phone | E-Mail |
| Residence (Check One) <input type="checkbox"/> Vail <input type="checkbox"/> Avon <input type="checkbox"/> Eagle County | | Inside Comcast Service Area (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult Sponsor (If individual is under age 18) | | |
| <input type="checkbox"/> Organization Membership — \$50 annually for Eagle County organizations | | |
| Organization Name | | Contact Name |
| Mailing Address | | |
| City/State/Zip | | |
| Phone | Fax | E-Mail |
| Residence (Check One) <input type="checkbox"/> Vail <input type="checkbox"/> Avon <input type="checkbox"/> Eagle County | | Inside Comcast Service Area (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult Sponsor (If individual is under age 18) | | |
| <input type="checkbox"/> Nonprofit <input type="checkbox"/> School <input type="checkbox"/> Government <input type="checkbox"/> Other _____ | | |
| Agreement | | |
| <small>I agree, to the extent allowed by law, to indemnify and hold harmless Public Access 5, the towns of Avon and Vail, Comcast and any of their employees, officers, Board of Directors, stockholders, volunteers, etc., from any and all claims, demands, damages or other liabilities which may be made against or arise out of membership or the production or cablecasting of programs. By signing the Membership Form, I agree to abide by the Operating Policies and Procedures and agree to pay up to \$1,000 upon return of equipment for any loss, theft or damage beyond normal wear and tear with the credit card number provided below. In the event of any alleged breach of the conditions of this agreement, I agree to be obligated to all attorney fees and costs associated with the enforcement of this agreement, in addition to charges and damages. All of the information provided in this form is true and accurate.</small> | | |
| Credit Card _____ | Expiration _____ | |
| Member (print) _____ | | |
| Member (sign) _____ | Date _____ | |