

HIGH FIVE access media

Membership Agreement



Email completed form with credit card information to info@highfivemedia.org and/or mail completed form and check to: High Five Access Media • PO Box 5600 • Avon, Colorado 81620

<input type="checkbox"/>	Avon/Vail Membership — Free for residents of Vail and Avon (proof required)	
<input type="checkbox"/>	Individual Membership — \$25 annually for Eagle County residents outside Vail and Avon	
<input type="checkbox"/>	Family Membership — \$40 annually for a family of four living in Eagle County	
<input type="checkbox"/>	Nonprofit Membership — \$50 annually for Eagle County nonprofits	
First/Last Name		
Nonprofit Name		Contact Name
Mailing Address		
City/State/Zip		
Physical Address		
City/State/Zip		
Phone		E-Mail
Comcast Subscriber? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No		Adult Sponsor (If individual is between 14 and 17 years old)
For Office Use Only <input type="checkbox"/> Orientation <input type="checkbox"/> Cam <input type="checkbox"/> Edit <input type="checkbox"/> Paid <input type="checkbox"/> Pay w/ CC below?		
Agreement		
<p>I agree, to the extent allowed by law, to indemnify and hold harmless High Five Access Media (HFAM), 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 Community Access 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. I also grant permission to use my name and audio and /or video recording(s) for video program(s) produced by High Five Access Media. I understand that permission allows HFAM to distribute the production on the Comcast cable system, other access stations, the internet and other distribution outlets available to HFAM. I also agree to receive periodic communications from HFAM by mail or email. All of the information provided in this form is true and accurate.</p>		
Credit Card _____	Expiration _____	
Member (print) _____	CVV (On Back) _____	
Member (sign) _____	Date _____	