



JMJ Tampa Bay, Inc.

Catholic Homeschool Support Group

Established 2005

MEMBERSHIP AGREEMENT and LIABILITY WAIVER 2026-2027

Member Information (Mom):

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Age	

Spouse Information (Optional):

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Age	

A. Member's Child(ren)'s Information: Please list all children. Additional space available on the next page.

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

MEMBERSHIP FEES

JMJ's annual membership dues are \$150.00 and entitles the member and their immediate family as listed above access to JMJ Tampa Bay, Inc. activities, classes and/or services, etc. The membership fee is prorated by \$15 less per month for families who join after August. *Those signing up during spring "early enrollment" are eligible to pay \$100.*

POLICIES AGREEMENT

My family and I agree to abide by the bylaws, mission statement, charter, policies, procedures and guidelines, etc. set forth by JMJ Tampa Bay, Inc., and to respect the tenets of the Catholic faith and the Roman Catholic Church, under the Bishop of Rome, Pope Leo XIV.

Member, as authorized representative of the family:

Signature

Date

MEMBERSHIP AGREEMENT and LIABILITY WAIVER 2026-2027

And MEDICAL RELEASE FORM 2026-2027

Additional Children:

_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name	Birth Date	Grade	

ABOUT YOU:

What area(s) could you and your family use support in? _____

Do you have any interests, experience, gifts/talents that might help build up our JMJ community? _____

Anything else that would be helpful for JMJ leadership to know about your family? _____

Safe Environment Training and Diocesan Fingerprinting is not a requirement to be a member of JMJ Tampa Bay, but it is helpful to have a healthy ratio of children to certified adults, especially meeting at a Diocesan Parish. Diocesan SE training and background check are a requirement for teaching at JMJ.

Safe Environment Information:
LEGAL NAME AS LISTED: _____
I HAVE COMPLETED THE SAFE ENVIRONMENT CLASS: _____
I HAVE COMPLETED MY DIOCESAN FINGERPRINTING: _____
WHEN DOES SAFE ENVIRONMENT AND/OR FINGERPRINTING EXPIRE: _____
WHICH PARISH HAS YOUR RECORDS: _____



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LIABILITY WAIVER 2026-2027

Liability Waiver

Please read this form carefully and be aware that in becoming a member and participating in JMJ Tampa Bay, Inc. activities, clubs, or events, you will be waiving and releasing all claims for injuries that you or your children might sustain including but not limited to those caused by the negligence of others. The terms “I,” “me,” and “my” include parents or guardians as well as the children enrolled by them in classes, activities and/or events.

In registering for enrichment classes, activities and/or events, the undersigned, individually and on behalf of their spouse and child, recognize and acknowledge that a class or any sporting event may be an extreme test of a person’s physical and mental limits and that their child's participation in such events can cause potential death, serious injury, allergic reaction or property damage, and that some courses, such as lab sciences, dance, and art may involve potential risks. With a full understanding of the potential risks from each class in which our child is participating, it is agreed as follows:

I, individually and on behalf of my child (or children) hereby take the following action for them and myself, my executors, administrators, heirs, next of kin, successors and assigns:

- a) I IRREVOCABLY WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, allergic reactions or damages of any kind, including but not limited to those caused by the negligence of others which arise out of or relate to my participation in any class, group, club or event involving THE FOLLOWING PERSONS OR ENTITIES: JMJ Tampa Bay Inc., and its officers, directors, employees, representatives, volunteers and agents,
- b) I INDIVIDUALLY AND ON BEHALF OF MY CHILD(REN) AGREE NOT TO SUE any of the released persons or entities listed above for any of the claims or liabilities that have been waived, released or discharged herein including but not limited to those caused by the negligence of others and
- c) I AGREE TO INDEMNIFY AND HOLD HARMLESS the persons or entities released herein from any such claims.

**NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN
PURSUANT TO FLORIDA STATUTE 744.301**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF JMJ TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM JMJ TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND JMJ TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In signing this waiver, I certify that:

- 1) I have read and understand the Waiver and Release of Liability and have the authority to sign it on my own behalf and my child’s (or children’s) behalf;
- 2) I understand that I have given up substantial rights
- 3) I am at least (18) years old
- 4) I agree and consent to abide by the Waiver and Release of Liability set forth herein

⇒ **Parent/Guardian Signature:** _____

Parent’s Name Printed: _____ Date: _____



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2026-2027 MEDICAL RELEASE FORM

I understand that there are certain risks involved in participating in these programs and I hereby assume such risks. These include, without limitation, the risk of physical injury, mental injury, emotional distress, trauma, death, contact with other participants/members, and the effects of weather, including extreme temperature or conditions. *I recognize the possibility of injury as described above associated with participating in this club, and hereby release, discharge, and otherwise indemnify JMJ, their sponsors, promoters, officials, hosting entities and its affiliated organizations, and the volunteers and associated personnel of these organizations, against any claim by or on behalf of the participant(s) named above as a result of participation in JMJ, programs and/or being transported to or from the same, which transportation I hereby authorize.* The participant agrees that this waiver and release shall be binding on participant's personal representatives, heirs, assignees, and next of kin.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my consent to have a coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant(s) listed above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. In addition, I hereby authorize emergency transportation of the participant(s) to a medical treatment facility should an individual listed above consider it to be warranted. I, as parent/legal guardian, will accept financial responsibility for the payment of any emergency transport, care, physician, or any hospital expenses or other expenses that might be required.

In exchange for the right to participate in the instructional programs, special events or other events ("programs"), I agree to indemnify, hold harmless and defend JMJ Tampa Bay, Inc., its officers, agents, servants, and employees and staff from any and all claims resulting from injuries, damages, losses, or death sustained by me or my children and arising out of, connecting with, or any way associated with the activities of this program.

The member/participant has carefully read and understands the foregoing waiver and release and sign the release as the members/participant's own free act and that by signing the release, the member/participant makes a total and unconditional release of all claims against JMJ Tampa Bay, Inc.. The member/participant understands that this release is intended to be as broad as allowable by Florida law and if any portion of this release is deemed invalid, the remainder shall maintain its validity and be applicable. The participants represent that in executing this document, the party doing so has full authority to enter into this document with JMJ Tampa Bay, Inc. on behalf of themselves and acknowledge that JMJ Tampa Bay, Inc. is relying on the execution of this document in allowing the member/participant to participate in these programs.

**NOTICE TO THE MINOR CHILD'S
NATURAL GUARDIAN PURSUANT TO
FLORIDA STATUTE 744.301**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF JMJ TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM JMJ TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND JMJ TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In signing this release, I certify that:

- 1) I am at least (18) years old;
- 2) I have read and understand the Medical Release Form and have the authority to sign it on my own behalf and my child's (or children's) behalf;
- 3) I understand that I have given up substantial rights;
- 4) I agree and consent to abide by the terms of this release as set forth herein; and
- 5) This authorization shall remain in effect through the full school year following the date of signing, unless revoked in writing.

⇒ **Parent/Guardian Signature:** _____

Parent's Name Printed: _____ Date: _____