



Sharing and Caring Membership Application

The mission of the Kearney Area Children’s Museum, is to inspire play, exploration, and discovery through interaction experiences.

To apply for a Sharing and Caring Membership submit a completed application, a \$12.00 payment (+ tax), and a copy of ONE of the following proof of income with application:

- A copy of the letter from Nebraska notifying you that your child qualifies for the **free school** lunch program.
- A copy of **WIC** verification
- **Head Start/Early Head Start** (Community Action) verification card

KACM does not accept SNAP card, Medicaid/Medicare card, pay stubs, or Social Security benefits reports as proof of income. Membership is for two adults and all the children under the age of 18 living in the same household.

Date: _____

Name of Parent on Membership _____ 2nd Parent Name _____

Current Address: _____ City _____ State _____ Zip code _____

Phone Number: (____) _____ Email Address _____

| Children’s Names | Birthdates | School |
|------------------|------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How did you hear about the Sharing and Caring Program?

Why do you want a membership to Kearney Area Children’s Museum?

Please initial the waivers on the back of this form.

If approved, your membership card will be mailed to you and will be valid for one year. If denied, your membership application will be returned to you with an explanation.



***Liability Waiver on reverse side**
Approve Date: _____
Exp Date: _____
Initials: _____
Print Date: _____

Waiver of Liability

Initial Below

_____ By applying for and paying for membership to the Museum, I acknowledge and agree to waive, release and forever discharge the Museum and its officers, directors, employees, volunteers, agents, representatives and all others (the "Museum Parties") from any and all responsibility or liability for injuries or damages resulting from the use of such membership or participation in any Museum activities, whether at the Museum or hosted by the Museum off site. Such waiver and release applies to me, my family and anyone else gaining access to the Museum through use of my membership.

Initial Below

_____ Further, I hereby grant full permission to the Museum Parties to use, reproduce and/or publish in any form of media (including but not limited to print, broadcast, social media, electronic or other media), any images of anyone accessing the Museum or any of its sponsored activities through use of my membership, for any purpose whatsoever without compensation, obligation or liability to me or such person using my membership.

Signature: _____ Date: _____