

Eugene Maker Space Membership & Waiver
Return completed form (*front and back*) along
with payment to Eugene Maker Space, 687
McKinley St, Suite #2, Eugene, OR 97402

Name: _____

(First) _____

(Last) _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone: (_____) _____

Birth Date: ____ / ____ / ____

Membership: \$25 / Month

Adult Participant Waiver

In exchange for the value and benefit of services received, including my participation in activities conducted by or on behalf of EUGENE MAKER SPACE (EMS), I have read, understand, and willingly sign this Waiver. I acknowledge that my participation in any activity conducted by, on the premises of, or for the benefit of, EMS has certain inherent risks, which I voluntarily assume. I acknowledge that using the tools made available by EMS has certain inherent dangers and poses a risk of serious injury or death. I agree to follow any instructions given or rules established by EMS or its employees or agents with regard to participation in any activities conducted by, or on the premises of, or for the benefit of EMS.

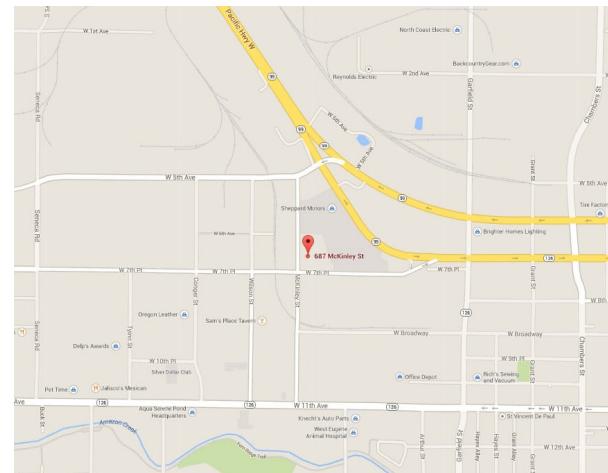
I hereby indemnify, release, hold harmless and forever discharge EMS and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages or liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any activities conducted by, on the premises of, or for the benefit of, EMS; provided, that this Waiver of Liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. This Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Waiver will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, EMS, whether by agreement, by operation of law, or otherwise.

© open for back of waiver

Open Hack Nights

every Tues & Fri, 6pm – 8pm!!

Free and open to the public! Bring a project to work on or share. Ask a member for a tour of our space and learn how you can become a member!



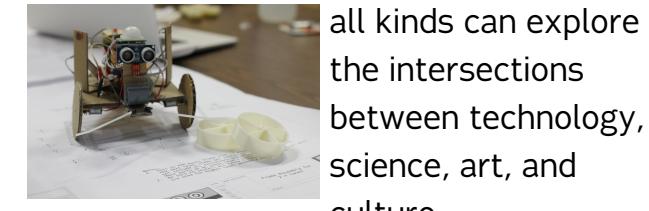
www.eugenemakerspace.com
info@eugenemakerspace.com
(541) 525-0409 (message only)



Invent. Create. Innovate.

OPEN HACK NIGHTS
Tuesday & Friday
6pm - 8pm

Eugene Maker Space is a non-profit community workshop where makers of



all kinds can explore the intersections between technology, science, art, and culture.

We provide a gateway for curious minds to share tools & ideas, collaborate on projects, and create opportunities for hands-on learning.

Visit us today and learn how we can help bring your ideas to life.



www.eugenemakerspace.com

Membership

Become a Eugene Maker Space member today. Membership starts at \$25 a month per person and includes:

- access to tools and equipment,
- communal shop space,
- on-site storage,
- voting privileges and,
- 24/7 keycard access*

* after member approval



Simply fill out the attached membership form and mail it to Eugene Maker

Space. Monthly memberships can be purchased online via Paypal or by paying cash/check to a board member.

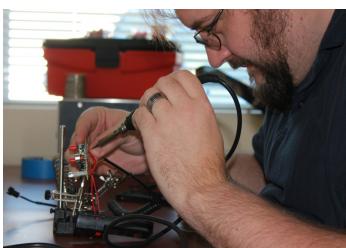
EMS Community

Sign up to receive our mailing list and keep up to date on EMS events and to connect with members outside of the space. Follow us on Facebook, Twitter and/or Google+.

EMS Shop

Our shared workshop has tools and materials to facilitate making and an active community of creative members.

Woodworking, Metal fabrication, Electronics, Programming, 3D Printing, Sewing, and more.....



Join Today! 

This Waiver is governed by the laws of the State of Oregon, and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Waiver. The provisions of this Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. Any claim or controversy that arises out of or relates to this waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the nearest chapter of the American Arbitration Association or similar group for binding unappealable arbitration in accordance with its current rules and procedures.

Medical Conditions

I am subject to the following allergies or medical conditions, and I authorize EMS to disclose such allergies or medical conditions to a physician in the event I should require emergency medical care (describe allergies or medical conditions with specificity):

Emergency Contact Information

In case of an emergency, EMS should contact the following person or people:

Name: _____
Phone Number: (____) _____ Work Phone: (____) _____
Address: _____

Name: _____
Phone Number: (____) _____ Work Phone: (____) _____
Address: _____

I am of lawful age and legally competent to sign this document; I understand the terms herein; and I have signed this document as my own free act.

Signature: _____

Date: _____

Eugene Maker Space

687 McKinley St, Suite #2, Eugene, OR 97402
info@eugenemakerspace.com, (541) 525-0409

OFFICIAL USE ONLY

Rcv By: _____

Date Accepted: _____

membership form: 10/16/2012 kk