

**STATUS 60 MEMBERSHIP ENROLLMENT FORM**

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle MM/DD/YYYY

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Spouse's:*

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle MM/DD/YYYY

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Anniversary \_\_\_\_\_  
MM/DD/YYYY

**WAIVER AND RELEASE**

I, together with my power of attorney and/or guardian (if I am under a legal disability), represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under, or through me, as follows:

I acknowledge that participating in the Status 60 program involves the promotion of third-party merchants and my voluntary participation in and receipt of services provided by third-party Merchants at discounted rates ("Status 60 Program"). I acknowledge and agree that the State Bank of Lincoln, its Board of Directors, and/or its or their departments, committees, trustees, affiliates, employees, officers, agents or insurers ("State Bank") has no authority or control over its third-party merchants who are participants in the Status 60 Program, including Collette Vacations, and who are neither employees nor contractors of State Bank ("Merchants"). I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or as a result from my participation in the Status 60 Program, regardless of whether or not caused in whole or in part by the negligence or fault of State Bank, third-party Merchants, including Collette Vacations, and/or my participation in the Status 60 program.

I waive all claims against State Bank of any injuries, damages, losses or claims, whether known or unknown, which arise during or as a result from my participation and/or travel that may be associated with the Status 60 Program, regardless of whether or not caused in whole or in part by the negligence or other fault of State Bank or the Merchants. I release and forever discharge State Bank from all such claims.

I agree to indemnify and hold State Bank of Lincoln harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by State Bank as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against State Bank to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Status 60 Program, regardless of whether or not caused in whole or in part by the negligence or other fault of State Bank, third-party Merchants, including Collette Vacations, and/or my participation in the Status 60 Program.

I have carefully read and reviewed this Waiver, Release & Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Main Bank     SBW     WalMart     Clinton Main     Clinton IGA

ID Cards Given to Customer     JHA

Form to DY     Clinton Copy to SK

CSR \_\_\_\_\_