



East of Sixty Productions Society Membership Application

Name: _____

Address: _____

City/town: _____ Postal code: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Email address: _____

Emergency contact: _____

Medical concerns: (e.g. allergies, asthma etc)

Skills: (skills that may be of use to the promotion or performance of the production)

Terms of membership: Membership expires June 30th annually. Membership fees are: Adult \$10.00 per annum and Youth (18 and under) \$5.00 per annum and may be subject to change. Membership allows members to attend and vote at the Annual General Meeting. Valid membership card will be required at meeting. All participants in positions that require a job description are required to have current membership. The Board of Directors of East of 60 Productions maintains the right to refuse membership to unsuitable applicants.

Signature: _____

Date: _____

Office Use Only

Membership accepted: Yes/No

Fee paid: Yes/No

Membership Number: _____

Position: _____

Expiry date: _____

East of Sixty Productions Society

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS INDEMNITY

Please read this carefully. By signing this release, you give up important rights, including the right to sue.

Name: _____

Address: _____

City/town: _____ Postal code: _____

Disclaimer

East of Sixty Productions Society and its directors, officers, agents, volunteers, members and representatives (collectively referred to as the Society) are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events of the Society.

Assumption of risks

In consideration of the Society allowing me to participate in the activities of the Society, I acknowledge that I am aware of the risks, dangers and hazards associated with the activities, including the risk of severe or fatal injury to others or myself.

I voluntarily accept and assume all such risks, dangers and hazards and the possibility of personal injury, death or permanent disability, property damage or loss resulting from participation in the activities of the Society.

Right of photo release

By signing this waiver, I accept that the Society may use my photo image in publicity. If I wish to opt out I must indicate by checking the box below.

Acknowledgement and signature

I waive and release, indemnify and hold harmless the Society for any and all claims.

I understand that this is a legal agreement and that it is binding on my heirs, my executors, administrators, successors, assigns and myself. **I have read and understand the terms of this agreement** and **I acknowledge** that by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that I may have.

Signature _____ Date _____

Note: if applicant is under 18, parent or guardian must sign.

I DO NOT wish my photo to be used in any way shape or form.