

ST. MARY'S COUNTY CAMERA CLUB

MEMBERSHIP APPLICATION

How did you learn about SMCCC? _____

What do you hope to gain from your membership? _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: H-_____ C-_____

E-Mail: _____

Years in photography: _____ Photography school or courses: Yes No

If yes, what: _____

Have you ever won a photography competition? Yes No

Have you ever sold a photograph? Yes No

What class do you think you should be in? Advanced Intermediate Novice

Type of equipment: Digital Film

Camera make / model _____

Computer: Win Mac Imaging Software _____

Describe your computer skills: Beginner Intermediate Expert

I would like my name, email and phone number shared with other club members:

I would **NOT** like my name, email and phone number shared with other club members:

Dues: \$25 per year per person/\$35 per year per family

Please turn page over to complete the **required** personal injury release statement.

St. Mary's County Camera Club

Personal Injury Release

By signing this release, I acknowledge that participation in the St. Mary's County Camera Club (hereinafter referred to as *the Club*) exposes me to possible risk of personal injury. Being fully aware that participation in the club exposes me to a possible risk of personal injury, I hereby release the Club, and its officers, members, independent contractors, and affiliates, from any and all liability from property damage, personal injuries, or other claims arising from or in connection with my participation in the Club, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I covenant that I shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the Club. This agreement shall be binding on me, my spouse, children, legal representatives, heirs, successors and assigns.

I hereby release, discharge, and agree to hold harmless the Club, its officers, members, affiliates, and legal representatives, and assigns, and all persons acting under their permission or authority or those for whom they are acting.

I hereby warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

I acknowledge that I am the person whose name appears below and that I have read and fully understand this Injury Waiver and General Release Form.

Signature:

Name: (print)

Parental
Consent _____

Date: _____

Note:

*If the member is a minor, then the above must be signed by a parent or legal guardian.
It is your right to obtain legal counsel before signing this document.*