

St. Joseph Music Foundation
MEMBERSHIP APPLICATION

INSTRUCTIONS

1. Fill out all sections. Be sure to read the reverse side.
2. Use the word “NONE” in sections for which you have no information.
3. Remember, the information provided here will be used to contact you for notifications of regular meetings, special meetings, newsletters, general information and elections, so, please be sure the information is accurate.
4. Email addresses and phone numbers are important for this purpose.
5. The SJMF maintains a database of the member’s names along with any additional information. The purpose of this database is to provide a means of contact between members, venues and civic organizations for filling vacancies and sharing resources. Your information will be filed and considered current, valid and binding unless and until the SJMF is notified otherwise. Your information will be included in the SJMF database for use by other members and civic groups unless otherwise specified.
6. The website name you choose should be one word or two words separated by an underscore. For example, joesmith or joe_smith.
The website password you choose should be at least 4 characters long and may be a combination of letters and numbers. Remember, case matters. For example, password, Password, pasSword, and passwoRD are all different. Keep it simple. Above all, do NOT give your login name and password to anyone.
7. If under 18 years of age, also submit the Parental Consent Form.
8. This form must be signed by applicant.
9. Present the form and membership dues to any Board member or US Mail to:

St. Joseph Music Foundation
2603 Frederick
St. Joseph, MO 64501
10. You may be asked to provide proof of identity (a copy of your driver’s license, a copy of your school ID, *etc.*).

St. Joseph Music Foundation
MEMBERSHIP APPLICATION

Name: _____
 First *Middle* *Last*

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number(s): _____

Cell Phone Number(s): _____

Fax: _____

Email: _____

Website: _____

Alternate Contact Information: _____

Date of Birth: _____

Instrument (All that apply including voice): _____

Profession (Sound Tech, Stage Tech, Stage Manager, *etc.*): _____

Band or Group name: _____

Your preferred login name for website access: _____

Your preferred password for website access: _____

I hereby request membership in the St. Joseph Music Foundation.
I have read and agree to be bound by the Waiver of Liability agreement (reverse side).
I have read and agree to be bound by the Code of Conduct of the SJMF.
I agree to assume the obligations imposed by such membership.

Signature

Date

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

IN CONSIDERATION of my participation in any way in the St. Joseph Music Foundation, its activities or the activity for which the St. Joseph Music Foundation has agreed to assist in the presentation ("Activity"), I, for myself and for my organization, for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of St. Joseph Music Foundation activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) St. Joseph Music Foundation activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the St. Joseph Music Foundation, their respective administrators, directors, agents, officers, members, volunteers, and employees; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the St. Joseph Music Foundation, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I have read this Waiver of Liability agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding shall continue in full force and effect.

St. Joseph Music Foundation
PARENTAL CONSENT FOR THE MEMBERSHIP OF A MINOR

I do hereby consent that _____, a minor,
First Middle Last

_____ be granted membership in the St. Joseph Music Foundation and
Date of Birth

assume the obligations imposed by such membership and until I notify the SJMF to withdraw this consent.

Signature of Parent, Legal Guardian

Print Name of Parent, Legal Guardian

STATE OF MISSOURI
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____,

By _____ who is personally known to me or
produced identification in the form _____ as proof of identification.
(Identification type and number)

Notary Public Signature

Print, Type, or Stamp Commissioned Name of Notary Public

INSTRUCTIONS:

1. One parent or legal guardian must sign this form.
2. All signatures must be notarized or witnessed by a Board Member.
3. Present this form and proof of identity satisfactory to the State of Missouri.
4. Read and sign the reverse side, Waiver of Liability.

This form is not required if married.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

IN CONSIDERATION of my participation in any way in the St. Joseph Music Foundation, its activities or the activity for which the St. Joseph Music Foundation has agreed to assist in the presentation ("Activity"), I, for myself and for my organization, for personal representatives, assigns, heirs, and next of kin:

4. ACKNOWLEDGE, agree, and represent that I understand the nature of St. Joseph Music Foundation activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
5. FULLY UNDERSTAND THAT: (a) St. Joseph Music Foundation activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the St. Joseph Music Foundation, their respective administrators, directors, agents, officers, members, volunteers, and employees; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.
6. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the St. Joseph Music Foundation, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ST. JOSEPH MUSIC FOUNDATION'S ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent of Guardian: _____

Printed Name of Participant: _____

Address: _____

Phone: _____

Parent or Guardian Signature (only if age 18 or over): _____

Date: _____