



# YAVAPAI DIGITAL ARTS & PHOTO CLUB

## Member information

Name: \_\_\_\_\_  
(Please Print)

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please Print) (Please Print)

Address (optional) \_\_\_\_\_

Would you be interested in taking on some club responsibilities or becoming active on a committee? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ (Need more information) No \_\_\_\_\_ only

Membership Dues are \$30.00 per person, per calendar year. We accept checks made payable to: Dave Brez, Treasurer YDAPC, paid in person at a YDAPC meeting. Please complete this form and include with your payment.

Each month the winners' images are posted on the YDAPC website: [www.yavapaiphotoclub.com](http://www.yavapaiphotoclub.com) and on the YDAPC Facebook account. If you agree to have your images published on the these sites, please initial below.

\_\_\_\_\_ I authorize YDAPC to publish my winning photographs on the club website.

\_\_\_\_\_ I authorize YDAPC to publish my photographs on the club Facebook & Instagram site.

\_\_\_\_\_ I authorize YDAPC to distribute my name, phone and email address to YDAPC members for personal contact only. Not for solicitation use.

### Liability waiver and release:

I acknowledge and accept that by participating in any Yavapai Digital Arts & Photo Club, (hereafter known as YDAPC) event(s), (hereafter known as Events), I may be exposed to certain known and unknown risks, dangers, hazards, and liabilities.

I affirm that I am in good health and capable of performing whatever physical exercise or activity that is required of me. I freely accept and fully assume any legal responsibility for any personal injury, death, losses, inconvenience, or property damage that may arise from such risks, dangers and hazards as a result of my participation in these Events.

In consideration of YDAPC accepting my participation in these Events, I, on behalf of myself, my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless YDAPC, its volunteers, founders, leaders and each of their heirs, executors, administrators and assigns from any claim, cause of action, cost, expenses or demands and all liability whatsoever arising or that may arise as a result of my participation in these events.

This waiver and release shall be binding on heirs, my executors, administrators, assigns and me.

**By signing below, I confirm that I have read, understood, and accepted the above conditions.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant (please print): \_\_\_\_\_

Witness (please print): \_\_\_\_\_ Witness Signature: \_\_\_\_\_