

SEBASTOPOL VILLAGE
Application and Agreement for Membership

Thank you for your interest or participation in Sebastopol Village (SV). This document is intended to collect contact information for our records and create an agreement and understanding for the protection of SV and its members.

This form must be signed by each person in your household who wishes to be a member of SV.

If you have not paid your annual dues, you will be contacted by a member of SV's coordinating council to arrange for payment. Checks are payable to SCCC (Sebastopol Community Cultural Center), our fiscal sponsor, as SV operates under SCCC's 501(c)(3) designation as a nonprofit organization.

Additional tax-deductible contributions to SV (also payable to SCCC) are greatly appreciated!

Contact and other information (please print)

First Member:

First Name _____ Last Name _____

Residence Address _____

City _____ ZIP _____ Email _____

Cell Phone _____ Birthday (year optional) _____

Second Member (if this is a household membership):

First Name _____ Last Name _____

Email _____ Cell Phone _____

Birthday (year optional) _____

Emergency Contact Information (please print)

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Residence Address _____

City _____ ZIP _____ Email _____

AGREEMENT

As a SV member I acknowledge that SV has not undertaken any duty or responsibility for my safety and I (1) assume full responsibility for all risk of bodily injury, death, disability and property damages as a result of participating in any SV program, (2) release and discharge all SV members, officers, and volunteers from any and all responsibility or liability for services rendered by SV members or volunteers or third-party providers recommended by members or volunteers and (3) agree to hold any and all SV members, volunteers, and officers harmless from and against any cost, expenses or damages (including without limitation reasonable attorney's fees) arising in conjunction with any and all claims brought by or through me, including but not limited to claims brought by an insurance carrier.

One of SV's primary functions is to ensure the highest possible member satisfaction with the activities and services provided. SV, however, does not assume any direct or indirect responsibility or liability in connection with any services provided by SV volunteers or by third party service providers recommended by its members or referred by SV.

I authorize SV to use photographs taken of me while I am engaged in SV activities on their websites and in their publications.

I agree that the terms of this agreement shall apply to and be valid and enforceable for any and all periods during which I am a member of SV and will survive any renewal or re-enrollment following a lapse in my membership.

I have read the above carefully and am pleased to become a member of SV.

Signature _____ **Date** _____

Signature _____ **Date** _____

SV Signature _____ **Date** _____