



Sawdust & Woodchips Woodworking Association

Membership Application Form – Year 2016

Complete form and either bring to a meeting or send to:

Mark Baumes, SWWA Treasurer, 169 Edgehill Road, Syracuse, NY 13224.

Make checks payable to SWWA

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| <input type="checkbox"/> First Time Member <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Address, etc. |
| Dues: <input type="checkbox"/> \$25.00 Individual Membership – Renewal <input type="checkbox"/> \$28.00 Individual Membership – First Time Member (includes name badge) <input type="checkbox"/> \$35.00 Couples Membership – Renewal <input type="checkbox"/> \$41.00 Couples Membership – First Time Member (includes name badges) <input type="checkbox"/> \$13.00 Individual Membership – Half Year (July-Dec) [no name badge] <input type="checkbox"/> \$16.00 Individual Membership – Half Year (July-Dec) [includes name badge] <input type="checkbox"/> \$18.00 Couples Membership Renew – Half Year (July –Dec) [no name badge] <input type="checkbox"/> \$24.00 Couples Membership – Half Year (July-Dec) [includes name badges] |
| Name: _____ Spouse (for Couple Membership) : _____ Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ E-mail: _____ |
| Newsletter Delivery: <input type="checkbox"/> By Mail <input type="checkbox"/> By Email [Faster & In Color] |

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (Agreement)

In consideration for being permitted to be a member of **Sawdust and Woodchips Woodworking Association (SWWA)** and to participate in SWWA sponsored Activities ("Activity"), I, for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Woodworking Activities and that I am qualified to participate in such Activity. I further acknowledge that the Activity will be performed at public facilities open to the guests during the activity and may involve demonstration of tools and other equipment. I further agree and warrant that if at any time I believe conditions are unsafe, I will immediately discontinue participation in the Activity.
2. FULLY UNDERSTAND that: (a) WOODWORKING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, EYE INJURIES, LOSS OF BODY PARTS AND POSSIBLY DEATH ("RISKS"); (b) these risks and dangers may be caused by my own actions, or inactions, the actions or inactions of other participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (C) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE SWWA, its officers, directors, members, volunteers, presenters, agents and other participants and, if applicable, owners and leasers of premises on which the Activity take place (each one 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.

I HAVE READ THIS 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, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Member Signature: _____ Co-Member Signature: _____

Member Name (printed): _____ Co-Member Name (printed): _____

Date: _____