

Annual Membership Renewal commencing: **Spring, 20_____ or Autumn, 20_____**
Membership Fee Paid: Single \$15 Family \$25 Other _____

Name: _____

Full Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

I can assist the St. Marys Community Players in the following areas: (Please any number of items, circle primary interest)

Producer _____	Sound _____	Publicity _____	Set Design _____
Director _____	Lighting _____	Web Design _____	Master Carpenter _____
Stage Manager _____	Props _____	Graphic Design _____	Set Construction _____
Assist. Stg Mngr _____	Costumes _____	Administration _____	Painting _____
Front of House _____	Acting _____	Treasurer _____	Set Decorating _____
Usher _____	Dance _____	Secretary _____	Stage Crew _____
Refreshments _____	Singing _____	Membership Recruitment _____	
Ticket Sales _____	Music _____	Other _____	
Ticket Mgmt _____	Play Instruments _____	Instrument(s) you play: _____	

Agreement of Release and Waiver of Liability and Code of Conduct Acknowledgement

By adding my signature below, I _____ hereby agree to the following:

1. That I am a Member of St. Marys Community Players (SMCP). I recognize that some activities require physical exertion which may be strenuous and may cause physical injury. I am also fully aware of the risk and hazard involved.
2. I understand that it is my responsibility to participate only in activities that I am physically capable to undertake and will decline activities that are beyond my comfort level.
3. I agree to take full responsibility for any risks, injuries or damages known or unknown which might incur as a result of participating as a Member of SMCP.
4. I knowingly and voluntarily waive any claim I may have against SMCP or any board member of SMCP for injury and damage that I may sustain as a result of member participation.

I confirm that I give my permission for St. Marys Community Players to use any photos, video and audio recordings in which I or my children may be featured for historic, promotion, publication, playbills, social media, teaching, and/or entertainment purposes.

SMCP holds a Zero Tolerance for all types of bullying and harassment. Dismissal from participation can be enforced.

I agree to; respect and comply with all federal and provincial laws; treat each other with dignity and respect the rights of others; respect differences and treat others fairly regardless of race, ancestry, colour, place of origin, ethnic origin, religion, gender, sexual orientation, age or disability; show proper care for SMCP property, property of others and the facility.

I have read the above release, waiver of liability and code of conduct and fully understand its contents and I voluntarily agree to the terms and conditions stated above.

Dated at St. Marys, Ontario this _____ day of _____, 20_____

Member: _____ Witness: _____

For Members under age 18, PARENT/GUARDIAN:
