



Membership Application, Waiver, Release And Covenant Not To Sue

Annual Dues are \$25.00 per year for the 12 month period of January through December. If paid prior to March 1st a \$5.00 discount is offered. Please forward this completed form along with a check made out to BGBC to *Karon Ritchey, 300 E Watson Street, Bedford, PA 15522*

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

EMAIL _____

By my signature below, I acknowledge all activities of the Basketweavers Guild of Bedford County, including the annual "Weaving Your Cares Behind" conference (known as BGBC and WYCB) are undertaken by volunteers using their own time and funds for their efforts, and I hereby waive, release and cancel any and all claims I may have against BGBC, its officers and committee members arising out of the functions and activities of BGBC. I agree not to sue or bring claim of any nature whatsoever against BGBC and/or WYCB and any and all persons acting on behalf of BGBC relating to any BGBC function or activity. I further acknowledge that participating in any basket weaving activity may have the potential for harm or personal injury, and it is an activity in which I have freely chosen to engage. I also give my permission for any photographs taken at any BGBC or WYCB function to be used for publicity purposes.

Signature: _____