



## PORT FRANKS & AREA CAMERA CLUB

### REGISTRATION FORM

**Name:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I hereby apply for membership in the Port Franks and Area Camera Club (PFCC) and will abide by the rules and regulations established by the PFCC Executive.

From time to time PFCC will issue to its members a list of all active members which will include the above contact information. PFCC will not issue this information to any outside group.

PFCC maintains a Flickr group which is used by club members to share their pictures and submit them for reviews. PFCC reserves the right to include any image submitted to the Flickr group on its website with full credit to the photographer.

#### **LIABILITY WAIVER**

In making this application, I affirm that I am in good health and capable of performing the exercise required to participate in club activities, and that I accept as my personal risk the hazards of such participation and will not hold the Port Franks Camera Club (PFCC) or its representatives responsible. I understand and appreciate that the Port Franks Camera Club does not carry accident or injury insurance for my benefit.

I acknowledge that I use the properties and facilities arranged for me by Port Franks Camera Club (PFCC) at my own risk and I hereby hold harmless PFCC and its Executive from any suit, cause, action or claim resulting from my use of such property or facility.

I agree to hold the Port Franks Camera Club (PFCC), its officers, directors and instructors blameless in the event of accidents involving damage or loss of equipment or property, personal injury or loss of life resulting from my interactions with the PFCC in any manner whatsoever.

In consideration of the Port Franks Camera Club (PFCC) accepting my application, I hereby and forever release and discharge the Port Franks Camera Club and its Officers, Directors, Servants and Agents from any liability whatsoever arising as a result of participation in, but not exclusive to, the following: club meetings and/or gatherings, club field trips, gatherings, and/or outings, club presentations, seminars, workshops and/or competitions.

I declare that this is agreement is binding upon me, my heirs, Executors, administrators and assigns.

I have read, understood, and agreed to the conditions outlined above.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

The dues are \$40 annually (Oct - Sep) and will be pro-rated if you join the spring. Please bring this application with you along with your dues payment to one of our meetings.

For further information, call Tom Stewart at 519-238-6639; email [portfrankscameraclub@gmail.com](mailto:portfrankscameraclub@gmail.com); or use the handy contact form on this website under the "Contact Us" tab.