

ST. MARYS COMMUNITY PLAYERS

MEMBERSHIP FORM

September 1 – August 31

St. Marys Community Players (SMCP) is a registered not-for-profit organization. To comply with The Ontario Not for Profit Corporation Act, SMCP offers two levels of membership. Both memberships run annually from September 1 to August 31.

VOTING Membership: (Please circle one.) Individual: \$25 Family*: \$25

A "Family" Voting Membership provides for one VOTING Member, to be identified below. Additional family members are non-voting members.

NON-VOTING Membership: (Please circle one.) Individual: \$0 Family: \$0

Name of Member: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____

Full Mailing Address: _____

Membership Agreement: Terms and Conditions

I _____ hereby agree to the following:

Waiver of Liability

1. I recognize that some SMCP 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 in all activities in a safe, responsible manner and only in activities that I am physically capable to undertake. I 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 occur 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 participation in SMCP activities.

Agreement of Release

I give my permission for SMCP to use any photos, video, and audio recordings in which I or my children may be featured for historic, promotional, publication, playbills, social media, teaching, and/or entertainment purposes.

Code of Conduct

NOTE: SMCP operates with a **Zero Tolerance for all forms of bullying and harassment**. Dismissal from participation in organizational activities and/or termination of (voting and non-voting) membership is enforceable at the discretion of the Board of Directors.

I agree to treat all SMCP participants with dignity. I agree to respect differences and treat others fairly, regardless of race, ancestry, colour, place of origin, ethnic origin, religion, gender, sexual orientation, age, or disability. I agree to properly care for SMCP property, the property of others, and for rehearsal, performance, and storage facilities.

Having read the above and fully understand its contents, I voluntarily agree to the Terms and Conditions of SMCP Membership.

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

Member: _____ Witness: _____

For Members under age 18, PARENT/GUARDIAN: _____

Let us know where your interests are: (Please any number of items. Circle primary interest.)

Producer ___ Sound ___ Publicity ___ Set Design ___ Director ___ Lighting ___ Web Design ___ Props ___ Acting ___ Singing ___
Stage Management ___ Graphic Design ___ Set Construction ___ Costumes ___ Administration ___ Painting ___ Board Member ___
Front of House/Usher/Refreshments/Box Office: ___ Set Decorating ___ Dance ___ Stage Crew ___ Sponsorships/Program Ads: ___
Music ___: (Provide details) _____ Other: _____