## EDMONTON WOODTURNERS GUILD – MEMBERSHIP FORM

Please Check One: New Member:	Renewal:	Address Change:	_
Name:			
Address:			
City: Postal Code:			
Phone No.: Email Address:			
Are you a member of the American A Are you willing to share your contact			No
As the success of the Guild depends of	entirely on its memb	ers volunteering for vario	us activities, please
check any or all the tasks listed below	v you would be willin	ng to assist with:	
(*********			

## (Note: The above information is for EWG use only)

Orienting new Members Acting as a mentor.

Serving on a Committee Assisting with events.

Doing demonstrations and/or presentations.

PLEASE REFER TO THE GUILD "LIMITATION OF LIABILITY" below,

## LIMITATION OF LIABILITY

I, the undersigned, hereby acknowledge that I wish to participate in certain workshops, demonstrations, skill builders, meetings and other events held, or sponsored, in whole or in part by the Edmonton Woodturners Guild (hereinafter referred to as the "Guild").

I hereby accept full responsibility for any claims, losses, damages or expenses of any kind arising out of injury, loss or death, that may occur to me or arise from attending or participating in any event held or sponsored, in whole or in part, by the Guild, including using any equipment at such events. I further agree not to advance any claim whatsoever against the Guild, its officers, executive, directors, agents, employees and volunteers or any of them individually, for any claims, losses, damages or expenses caused by any negligence or in any way whatsoever that may arise at such events.

I acknowledge that I have read and understand the "Lathe Safety Guidelines" (the "Guidelines") and that I undertake to comply with these Guidelines at all times when attending any event held or sponsored, in whole or in part, by the Guild. (PLEASE TURN OVER AND SIGN ON THE BACK WHERE REQUIRED)

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Print Name:	Date:	
Signature:	Date:	

If you are signing for a member under the age of 16 signed above, you must accompany them during any turning sessions to act as their guardian.

Guardian Print Name:	Date:	

<b>Guardian Signature:</b>	Date:	
-		

Annual Dues Paid: Yes, To Pay

Signature (Executive Member)