

Membership Application & Liability Waiver

Date _____ PPA Membership # (if applicable) _____

Name _____

Address: _____

City _____ State _____ Zip _____

Email: _____ Phone: _____

As a Member benefit, Capital Champlain Photography is a PPA Community Network Member

Capital Champlain Annual Membership Fee (Jan-Dec): \$75 PPA Members; \$100 Non-PPA Member

☐ New Membership

☐ Renewal Membership

☐ PPA Member \$75

☐ Non-PPA Member \$100

Membership Year: _____

Please return to Capital Champlain Treasurer with check made payable to:

***Capital Champlain
c/o Michele Pasquariello
30 Cayuga Lane, West Sand Lake, NY 12196***

WAIVER OF LIABILITY AGREEMENT:

I acknowledge that there are risks involved in participating in the events or activities of Capital Champlain Professional Photographers Society of NY State (aka Capital Champlain), and I accept full responsibility for any injury or accident, or any damages of any kind, that I may sustain when participating in Capital Champlain activities. I agree to indemnify, defend and hold harmless Capital Champlain, its officers, agents, speakers, and instructors, including, without limitation, the payment of reasonable attorney fees, for any claim that I may bring against persons or entities.

As a member or guest of Capital Champlain, I agree to follow all recommendations and safety measures to abide by the CDC guidelines in force at the time of my meeting or event. Capital Champlain, members of Capital Champlain, and guests explicitly agree and understand that following these procedures will help to ensure our efforts for keeping everyone safe.

By signing this Application/Liability Waiver, I agree to the terms stated above.

Signature _____ Date _____