

Chester County Camera Club Membership Application/Renewal

Name: _____ Date: _____

Street Address: _____

City _____ State _____ Zip _____

Email: _____

Home Phone: _____ Cell Phone: _____

Occupation(Optional): _____

A list of member websites/blogs is featured on the CCCC website. Do you have a website or blog of your photography that you would like to share on the website under member websites?

If yes, please list the url: _____

Liability Waiver for Chester County Camera Club meetings/outings and workshops

I understand that membership in the Chester County Camera Club provides me with opportunities to participate in activities which may involve elements of risk or danger that could result in loss or damage to my personal property, personal injury or death. I acknowledge this risk and danger and accept sole personal responsibility for my personal property and my personal safety as well as any and all consequences resulting from my participation in any CCCC Outings or Workshops. I further agree to not hold the CCCC, it's officers, or any of it's members responsible for any outcome, loss, injury or liability from my participation in any meeting or event organized by the CCCC.

Signed: _____ Date: _____

If you are a minor under the age of 18, your legal parent or guardian must sign on your behalf:

I, the parent or guardian of the minor listed above, agree and consent to the foregoing Agreement and give my permission for him/her to participate in CCCC activities

Signature of Parent or
Guardian _____ Date: _____

Bring this form to any meeting or mail to:

Chester County Camera
Club PO Box 5
Exton, PA 19341

Administrative Use Only

Date received: _____

Cash/Check#: _____

Amount: \$ _____