

HUSTLE SAN DIEGO MEMBERSHIP APPLICATION

NAME _____ HOME PHONE _____
ADDRESS _____ CITY _____ STATE _____
ZIP _____ CELL NUMBER _____
MEMBER EMAIL ADDRESS _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE _____

RECEIVE NEWSLETTER BY EMAIL PLEASE CIRCLE ONE: YES NO

TODAY'S DATE _____ BIRTHDAY _____

PLEASE NOTE ABOVE INFORMATION TO BE KEPT CONFIDENTIAL AND FOR SOLE USE OF CLUB

FOR OFFICE USE: CHECK NO _____ AMOUNT _____
CASH _____

HUSTLE SAN DIEGO IS NOW ACCEPTING VOLUNTEERS FOR THE FOLLOWING COMMITTEES; PLEASE CHECK ANY THAT YOU MAY BE INTERESTED IN AND A COMMITTEE MEMBER WILL CONTACT YOU.

- INFORMATION** (MAINTAIN WEBSITE, COMPOSE NEWSLETTER)
- MUSIC** (MAINTAIN MUSIC BASE, TRAIN DJS)
- EVENT/DANCE** (SET UP/CLEAN UP CREW, FRONT DESK, MCS)
- PUBLIC RELATIONS**

PLEASE FILL OUT AND SIGN PAGE 2 OF APPLICATION.

ACKNOWLEDGEMENT OF RISK

MEMBERS RECOGNIZE AND ACKNOWLEDGE BY SIGNING BELOW THAT PARTICIPATING IN DANCE CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED REGARDLESS OF CAUTION TAKEN TO AVOID INJURIES. THOSE RISKS COULD INCLUDE BUT ARE NOT LIMITED TO MINOR INJURIES, SUCH AS SCRATCHES, BRUISES AND SPRAINS, MAJOR INJURIES, SUCH AS JOINT OR BACK INJURIES, BROKEN BONES AND CONCUSSION OR DEATH. MEMBER HEREBY ACKNOWLEDGES AND ACCEPTS ANY RISK OR INJURY RESULTING FROM DANCE AND AGREES TO INDEMNIFY AND HOLD HARMLESS HUSTLE SAN DIEGO INC. AND ITS AGENTS, FROM ANY AND ALL CLAIMS FOR DAMAGES, ACTIONS, LAWSUITS, INJURIES, LIABILITIES, EXPENSES OR LOSS RESULTING FROM HIS OR HER PARTICIPATION IN DANCE. MEMBER EXPRESSLY AGREES THAT THE PRECEDING WAIVER AND ASSUMPTION OF RISK IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY LAW IN STATE OF CALIFORNIA AND AGREES THAT IF ANY PORTION OF THE ACKNOWLEDGEMENT OF RISK IS HELD INVALID THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

BY SIGNING BELOW, MEMBER ADMITS HE OR SHE IS OVER AGE OF 18, HAS READ THE FOREGOING WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTANDS AND AGREES TO THE TERMS AND CONDITIONS, AND ACKNOWLEDGES THAT HE OR SHE IS SIGNING THE AGREEMENT VOLUNTARILY.

DATE _____

NAME _____

SIGNATURE _____