



## Emerald Photographic Society (EPS) Membership Application

Please fill out and print this form – the print button is at the bottom. Then either bring your completed and signed form to an Emerald Photographic Society meeting with your check made out to Emerald Photographic Society, or you may mail it to the address below. Applications without a signed Liability Release Form cannot be accepted.

Check one: (Annual membership renewal dues are due in January)

Regular Membership: \$35 (\$20 after June 30th)

Family Membership: (2 people) \$50.00 (\$35 after June 30th) – Both must fill out completely and sign this form.

Student Membership \$20.00

\*Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

**\*REQUIRED FIELDS**

Your email address and other contact information will be used for your listing in the EPS Roster on the EPS website. When you turn in your application please ask for the EPS New Member Packet. You will learn by email how to access the Members Home Page of the EPS website, the EPS Roster and instructions for submitting images for EPS competition.

### LIABILITY RELEASE FORM

By signing this release, I acknowledge that participation in the activities organized by the Emerald Photographic Society (EPS) exposes me or my child to the risk of personal injury due to weather conditions, forces of nature, difficult terrain, strenuous conditions, accidents, or the acts or omissions of other participants or organizers of such activities. In consideration of the opportunity being provided to me or my child to participate in an EPS activity, I release, discharge and agree to hold harmless, the EPS, its officers, directors, members, or agents from any claim, demand, cause of action, or liability which I or my child may have as a result of participation in the EPS organized activity. I have read and fully understand this liability release form and it shall be binding upon me, my heirs, legal representatives, and assigns for as long as I am a member of EPS.

\*Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
\*Participant or Parent/Guardian of Participant (Signature)

\_\_\_\_\_  
\*Printed Name of Participant and Parent/Guardian (if applicable)

**\*REQUIRED FIELDS**

**NOTE:**

**If the participant is a minor, then the above must be signed by the minor's parent or legal guardian.**

**If you have questions regarding the effect of this document, you should consult legal counsel before signing.**

**For EPS use:**

Date Paid: \_\_\_\_\_ Membership paid through: \_\_\_\_\_

Check number or cash: \_\_\_\_\_ Taken by: \_\_\_\_\_