



HOT SPRINGS VILLAGE PLAYERS, INC.

2024 MEMBERSHIP INFORMATION

Please complete the following and return it to:
P.O. Box 8404, Hot Springs Village, AR 71910-8404
Email to moni.lollar@gmail.com

FIRST NAME: _____ LAST NAME: _____

Please **print** all information clearly.

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: _____

EMAIL: _____

RELEASE NOTICE – AGREEMENT TO HOLD HARMLESS

I, _____, agree to HOLD HARMLESS the HOT SPRINGS VILLAGE PLAYERS for any personal injury or property damage sustained while performing in or assisting with any phase of production of any HOT SPRINGS VILLAGE PLAYERS presentation or production. I hereby acknowledge that I have read this RELEASE NOTICE and understand that my participation in any phase of any HOT SPRINGS VILLAGE PLAYERS presentation or production is done so AT MY OWN RISK.

MEDIA RELEASE

Without remuneration of any kind, I being competent and of legal age, or with full consent of my parent or guardian, hereby give Hot Springs Village Players (hereafter referred to as HSVP), the absolute and irrevocable right and permission, with respect to my likeness, performance and participation in any of its videos, digital and social marketing (Internet), press, advertisements, marketing and photography communications:

- a) To record/photograph in my likeness, performance and participation;
- b) To copyright the same in its own name or in any other name which it may choose;
- c) To telecast the communications of the recording thereof one or more times over any internet site, social media or to publicize the communications or a portion thereof by any means for any purpose whatsoever in whole or in part, including (but not by way of limitation, promotion, advertising, trade, and
- d) To use my name in connection therewith if it so chooses

I acknowledge that HSVP is and will be the sole owner of all rights in and to the communications and the recording/photography thereof, for all purposes on perpetuity. I hereby assign any copyrights, publicity rights or any other rights that I may have regarding the Communication to HSVP. I also hereby release HSVP from all claims of any nature whatsoever which I could or might have against the Releases by reason of any fact, or matter whatsoever. By signing my name, I acknowledge that I have carefully read and understand this document.

Signature _____

Guardian Signature (if applicable) _____

Date: _____

AREAS OF INTEREST

The HSV Players welcome all to participate in any area of productions. Our team leaders work hard to include all members of their teams in areas of interest. Circle all that apply to your interest.

Acting	Producer	Promotion / Marketing
Director	Assistant Director	Photography
Choreography	Assistant Producer	Music Director
Vocal/Chorus	Dancing	Book Holder
Set Design	Special / Sound Effects	Set Decoration
Art Design / Painting	Set Construction	Stage Manager
Ticket Sales	Properties (Props)	Costume Design/Sewing
Writing	Usher	Hair Stylist
Grip/Stage Hand	Make Up	Playbill Design
Team Leader	Music Instrument	Rehearsal Line Reader
Showtime Dresser	Social Media	Website Design / Management
Hospitality	Member Care & Concern	Cast Party
Membership Growth / Activity	Showtime Lobby Décor	Picnic & Christmas Party Planning
Grant Writing	Fundraising	
Administrative Assistance	Musical Director Assistant	Member Life Celebration (birthday, anniversary, etc)

The HSV Players will be putting a membership roster for all members to have. This will include the areas you are interested in. Please check which you would prefer. Note: No soliciting will be done and any member who tries to solicitate will have their membership revoked.

I wish to have my contact information published to include phone and email address.

I wish for only my name to be published with area of interest. Membership chair to contact me if someone wishes to contact me.