

2023 Membership Form

All personal information provided is for Guild use only and not shared with any other entity.

Name:				
Address:				
City:	State:	Zip co	de:	
Email:	·			
Telephone:	Mobile:	Birthda	Birthday (Month/Day):	
ctive Member: \$45 I membership privileges plus 25 portunity Quilt tickets and monthly wsletter.	Corresponding Member You will receive a monthly newsl \$3 admission fee will be charged corresponding member attending	etter only. A to any	Honorary Member: No Fe A continual member for 10+ years ar 80+ years old by January 1, 2023. Must complete the Honorary Membe	
Roymont amount:	general Guild meetings.		form.	
Payment amount:	Casi	n: Or C	Check #:	
	res in which you are interested in serving. Id help on a one-time-only basis, so it's nicersquild.org.			
Books & Magazine Sales	Bulletin Board	Challenge	Cc	ommunity Ser
Facility Manager	Historian	Hospitality	Lit	orarians
Membership	Mystery Quilt/Block of the Month	New Member Or	ientationNe	ewsletter Edit
Programs	Quilt Show	Retreats - Lincol	nRe	etreats - Mt. H
Sew & Sew	Social Correspondent	Ways & MeansWebsite		ebsite
Other:				
ritees, assisting in community service with attendance requirements shall release. From time to time, Pioneer ing Show & Tell, at scheduled Oppo	of the Pioneer Quilters' Guild, I understand ntary service relevant to the Guild, such the projects, and ATTENDING A MINIMU I result in non-renewal of membership. The Quilters' Guild takes and shares photos ortunity Quilt locations, during Retreats are phoers grant the guild the right to use recorn	M OF FIVE (5) MEETII e Executive Board will re of you or your quilts for v d other general settings	various Guild functions, for use in print, online	AR. Fallure to lly." promotions, (e and on soc
onic Mail Pioneer Quilters' Guild use be be aware that you will not receive yo	es GroupWorks to send information to me our newsletter or any blasts or email comr or intentionally), and you must contact the	nunication from PQG if y	ou opt out of GroupWor	ks. PQG is n
e ership Membership renewals/paym s). All renewals/payments must be re ngs will be offered to those on the wa	ents are accepted at the October, Novem eceived in person or by mail, no later than iting list. The mailing address is PO Box	per and December guild by the end of the Decem 126 Rocklin, CA 95677	meetings OR by mail to ber general meeting. Af	the Member fter that date,
se and Waiver of Liability Be sure y	ou read and understand the RELEASE A	ND WAIVER OF LIABIL	TY (next page) before y	ou sign.

Revised: 10/2022

RELEASE AND WAIVER OF LIABILITY, AGREEMENT NOT TO SUE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY and ALL

ACTIVITIES of Pioneer Quilters Guild (herein after, Activity). On behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the Pioneer Quilters Guild, its officers, directors, volunteers and agents (collectively "Guild") from any and all claims, **including, but not limited to, claims of the Guild's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during this Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

I agree to **hold** the Guild and its officers, directors, volunteers and agents **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the Guild incurs any of these types of expenses, I agree to reimburse the Guild. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the Guild from all liability, (b) promising not to sue the Guild, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the laws of the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature:	
Participant Name (print)	Date: