

Solano Winds 2024 Membership Information Form

FULL NAME (print legibly)	
ADDRESS	
EMAIL ADDRESS	
MOBILE PHONE	
HOME PHONE/OTHER	
PRIMARY BAND INSTRUMENT	
OCCUPATION	
EMERGENCY CONTACT	

- I promise to have fun since making music is good for my body, brain and our community.
- I permit the use of my photograph and relevant information on the Solano Winds roster, website and for publicity purposes.
- I agree to participate in Solano Winds activities as outlined in the 2023/24 “Companion”.
- I understand that the Solano Winds is a 501(c)(3) non-profit organization with limited resources and I will support the activities of the Solano Winds conducting business as a non-profit organization administrated by the Governing Board, its Bylaws and the State of California.
- I am voluntarily participating in Solano Winds activities, without compensation, and at my own risk and I agree to release and hold harmless the Solano Winds, its Board, staff, agents and fellow volunteers from any and all liability for loss, injury, disease or damage that has been or may hereafter be sustained by me as a result of, or directly or indirectly related to my volunteer participation in any and all Solano Winds activities or functions.
- I will adhere to SW Health and Safety protocols. See <https://solanowinds.org/healthandsafety>.
- I understand that the scope of a volunteer’s relationship with the Solano Winds is limited to music making events and that no compensation is expected in return for services provided by a volunteer; that the Solano Winds will not provide any benefits associated with employment; and that a volunteer is responsible for his/her own insurance and medical coverage in the event of personal injury or illness as a result of a volunteer’s service to the Solano Winds.

Check here if you would like to rehearse and perform in Small Ensembles throughout the year.

I accept new or continued membership in the Solano Winds and agree to abide by the *Terms and Conditions* in the “Companion” and those listed above in this *Membership Form*.

Signature:

Date:

For office use only: Paid

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