Westville Theatre Club Membership Application / Update

*Family membership is for Main Member, Spouse/Partner and Dependents. Single Members - ONE Member Application per form set.*

 *Fees to be deposited by EFT to our banking details on this page.*

|  |
| --- |
| MAIN MEMBER APPLICANT DETAILS |
| Surname |  | Title |  |
| First name/s |  | Preferred name |  |
| ID № |  | Date of birth | dd | mm | yyyy |
| Telephone | (h) |  | (b) |  | (c) |  |
| Email address |  |
| Physical address |  |
|  | Postal code |  |
| Postal address |  |
|  | Postal code |  |
| I / we consent to notifications via | email |  | sms |  | post |  |
| ADDITIONAL MEMBER / FAMILY DETAILS |
| Full Names of Spouse / Partner |  | Date of birth | dd | mm | yyyy |
| Email |  | (c) |  |
| *Anniversary Date* |  |
| Additional Member 1 |  | Date of birth | dd | mm | yyyy |
| Email |  | (c) |  |
| Additional Member 2 |  | Date of birth | dd | mm | yyyy |
| Email |  | (c) |  |
| Additional Member 3 |  | Date of birth | dd | mm | yyyy |
| Email |  | (c) |  |

I / we agree to abide by the rules of the Westville Theatre Club as laid down, and may be amended from time to time. I / we have read and understand the terms of the RELEASE AND WAIVER OF LIABILITY, and attach our signed copy to this application.

|  |  |
| --- | --- |
| SINGLE - R150 Student/Pensioner – R100 | FAMILY MEMBERSHIP – R220 P/A |
|  | PLEASE EFT PAYMENTS TO |
| Westville Theatre ClubStandard Bank WestvilleBranch code 045 426Account number 25 254 834 5*Reference Your Surname* |

I / we have paid / attach our membership fee of

If membership is not granted, this amount will be refunded to me / us.

SIGNATURE OF APPLICANT / MAIN MEMBER DATE

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY 'THE RELEASE' BY

'THE MEMBER' in favour of

WESTVILLE THEATRE CLUB AND ITS OFFICERS collectively 'WTC', a non-profit making organisation

I, the MEMBER, desire to participate as a MEMBER of the WESTVILLE THEATRE CLUB and engage in the activities related to being a MEMBER of the CLUB. I understand that the activities may include but are not limited to, teaching of music lessons, teaching of dancing lessons, shows, rehearsals, set building, backstage activities, and promotional activities of an advertising nature, social events in the clubhouse and other theatre-related activities. I hereby freely and voluntarily, without duress, execute this RELEASE under the following terms:

1. WAIVER AND RELEASE

I, the MEMBER, release and forever discharge and hold harmless the WESTVILLE THEATRE CLUB and its SUCCESSORS and

ASSIGNS from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise o r may hereafter arise from my work for the WESTVILLE THEATRE CLUB. I understand and acknowledge that this RELEASE discharges the WESTVILLE THEATRE CLUB from any liability or claim that I, the MEMBER, may have against the WESTVILLE THEATRE CLUB with respect to any bodily injury, illness, death, or property damage that may result from my participation with the WESTVILLE THEATRE CLUB productions. I also understand that, except as delineated, the WESTVILLE THEATRE CLUB does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage. (See Insurance Requirements below)

2. INSURANCE

I, the MEMBER, understand that, except as otherwise agreed to by the WESTVILLE THEATRE CLUB in writing, the WESTVILLE THEATRE CLUB does not carry or maintain health, medical, or disability insurance for any MEMBER.

3. MEDICAL TREATMENT

Except as otherwise agreed to by the WESTVILLE THEATRE CLUB in writing, I hereby release and forever discharge the WESTVILLE THEATRE CLUB from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical

services rendered in connection with an emergency during my time with the WESTVILLE THEATRE CLUB.

4. ASSUMPTION OF THE RISK

I understand that my time with the WESTVILLE THEATRE CLUB may include activities that may be hazardous to me, including, but not limited to, set building activities, loading and unloading heavy equipment and materials, and local transportation to and from the show

sites. I recognise and understand that my time with the WESTVILLE THEATRE CLUB may in some situations, involve inherently

dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release the

WESTVILLE THEATRE CLUB from all liability for injury, illness, death, or property damage resulting from the activities of my time with the WESTVILLE THEATRE CLUB.

5. PHOTOGRAPHIC RELEASE

I grant and convey unto the WESTVILLE THEATRE CLUB all rights, title, and interest in any and all photographic images and video or audio recordings made by the WESTVILLE THEATRE CLUB during my work for the WESTVILLE THEATRE CLUB, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. OTHER

I expressly agree that this RELEASE is intended to be as broad and inclusive as permitted by the laws of the South Africa, an d that this RELEASE shall be governed by and interpreted in accordance with the laws of South Africa. I agree that in the event that any clause or provision of this RELEASE shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause o r provision

shall not otherwise affect the remaining provisions of this RELEASE, which shall continue to be enforceable.

To express my understanding of this RELEASE, I sign here with a witness.

Signed at this day of 201

MEMBER WITNESS

PLEASE PRINT NAME PLEASE PRINT NAME

RELEASE AND WAIVER OF LIABILITY - JUNIOR MEMBERS UNDER THE AGE OF 18 YEARS THIS RELEASE AND WAIVER OF LIABILITY 'THE RELEASE' BY

 being the PARENT/GUARDIAN

of 'JUNIOR MEMBER/s'

in favour of WESTVILLE THEATRE CLUB AND ITS OFFICERS collectively 'WTC', a non-profit making organisation

My WARD/CHARGE, the JUNIOR MEMBER, desires to participate as a JUNIOR MEMBER of the WESTVILLE THEATRE CLUB and engage in the activities related to being a JUNIOR MEMBER of the CLUB. I understand that the activities may include but are n ot limited to, teaching of music lessons, teaching of dancing lessons, shows, rehearsals, set building, backstage activities, and promotional activities of an advertising nature, social events in the clubhouse and other theatre -related activities. I hereby freely and voluntarily, without duress, execute this RELEASE under the following terms:

1. WAIVER AND RELEASE

I, the PARENT/GUARDIAN of the JUNIOR MEMBER, release and forever discharge and hold harmless the WESTVILLE THEATRE CLUB and it's SUCCESSORS and ASSIGNS from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my WARD’S work for the WESTVILLE THEATRE CLUB. I understand and

acknowledge that this RELEASE discharges the WESTVILLE THEATRE CLUB from any liability or claim that I, the PARENT/GUARDIAN of the JUNIOR MEMBER, may have against the WESTVILLE THEATRE CLUB with respect to any bodily injury, illness, death, or property damage that may result from my Ward’s participation with the WESTVILLE THEATRE CLUB productions. I also understand that, except as delineated, the WESTVILLE THEATRE CLUB does not assume any responsibility for or obligation to

provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage. (See Insurance Requirements below)

2. INSURANCE

I, the PARENT/GUARDIAN of the JUNIOR MEMBER, understand that, except as otherwise agreed to by the WESTVILLE THEATRE CLUB in writing; the WESTVILLE THEATRE CLUB does not carry or maintain health, medical, or disability insurance for any MEMBER.

3. MEDICAL TREATMENT

Except as otherwise agreed to by the WESTVILLE THEATRE CLUB in writing, I hereby release and forever discharge the WES TVILLE THEATRE CLUB from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical

services rendered in connection with an emergency during my WARD’S time with the WESTVILLE THEATRE CLUB.

4. ASSUMPTION OF THE RISK

I understand that my WARD’S time with the WESTVILLE THEATRE CLUB may include activities that may be hazardous to him or her,

including, but not limited to, set building activities, loading and unloading heavy equipment and materials, and local tra nsportation to

and from the show sites. I recognise and understand that my WARD’S time with the WESTVILLE THEATRE CLUB may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm i n these activities and release the WESTVILLE THEATRE CLUB from all liability for injury, illness, death, or property damage resulting from the activities of my WARD’S time with the WESTVILLE THEATRE CLUB.

5. PHOTOGRAPHIC RELEASE

I grant and convey unto the WESTVILLE THEATRE CLUB all right, title, and interest in any and all photographic images and video or audio recordings made by the WESTVILLE THEATRE CLUB during my WARD’S work for the WESTVILLE THEATRE CLUB, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. OTHER

I expressly agree that this RELEASE is intended to be as broad and inclusive as permitted by the laws of the South Africa, an d that this RELEASE shall be governed by and interpreted in accordance with the laws of South Africa, I agree that in the event that any clause or provision of this RELEASE shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause o r provision shall not otherwise affect the remaining provisions of this RELEASE which shall continue to be enforceable.

To express my understanding of this RELEASE, I sign here, with a witness, in my capacity as PARENT/LEGAL GUARDIAN of

JUNIOR MEMBER/s NAME/s

Signed at this day of

201

PARENT/GUARDIAN WITNESS PLEASE PRINT NAME PLEASE PRINT NAME