

Membership Renewal

Please print clearly

Name:			_
Address:			
City:	State:	Zip:	<u> </u>
Phone:	_Email:		_
If family membership (family n	nembers living	in the same ho	ousehold)
Name:	Email		
Annual Membership Renewal F	Fees:		
\$25.00 Family (living in		ehold)	
\$10.00 Full-time Studen Please make checks payable t		ea Camera Club	or TACC
Mail check to: TACC Treasurer, PO Box 883, Traverse City, MI 49685			
	Releas	se of Liabilit	у
	ing death, damages, pr	operty damage, or loss	Club events, I recognize the risk and acknowledge that which I may sustain as a result of participating in any and
	•	,	ve for injuries or damages, as a result of participating in the ficers, agents, servants, employees, volunteers, and
volunteers and affiliates from any and all claims	s for injuries, including ring for the Traverse Ar	death, damages, prope	era Club and its officers, agents, servants, employees, erty damage, or loss which may have or may in future accrue see that the Traverse Area Camera Club is not liable for any
Indemnity Clause: I further agree to indemnify and hold harmless the Traverse Area Camera Club and its agents, servants, employees, volunteers, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated the activities of the Club or the use of its facilities or equipment.			
to be used for the purpose of supporting the go sponsors, and organizers. I agree to allow the	oals of the Club's Const Traverse Area Camera Club's Constitution, any	titution, by the Traverse Club and its event hold images that I submit to	whed. I agree to allow photo, video, or film likenesses of me a Area Camera Club and its event holders, producers, ders, producers, sponsors to use and display in any media, o events. This release and grant is effective as of this date
Signature:			
			Date:

Family Signatures: