

HOT SPRINGS VILLAGE PLAYERS, INC. MEMBERSHIP APPLICATION



Please complete the following and return it to the Membership Chairperson, Treasurer or mail it to **Hot Springs Village Players, P.O. Box 8404, Hot Springs Village, AR 71910-8404.**

Annual dues are \$15.00* for adults, \$25.00* for couples, \$10.00 for those 80+ years and \$5.00 for members up to age 19. *Dues for new members joining on or after July 1st will be at half price (\$7.50/\$12.50). Your membership is for the calendar year ending on December 31st of each year. ***Make your check payable to: Hot Springs Village Players.***

FIRST NAME: _____ **MI:** _____ **LAST NAME:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **E-MAIL:** _____

Membership dues will be accepted for the next year beginning at our November meeting and through the end of February. If dues are not current, you may renew your membership or join as a new member at any time during the year.

RELEASE NOTICE – AGREEMENT TO HOLD HARMLESS

I, _____, the undersigned, agree to HOLD HARMLESS

Please Print

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.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

(Parent or Guardian)

		Renewals:
Posted on roster		
Welcome letter		, 2018 Amt Type
Name tag		, 2019 Amt Type
EBlast		, 2020 Amt Type
Payment Amount \$, 2021 Amt Type
Payment Type		, 2022 Amt Type
Payment Date		, 2023 Amt Type

AREAS OF INTEREST

(check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Set Design |
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Music Director | <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> Art Design | <input type="checkbox"/> Vocal/Chorus | <input type="checkbox"/> Set Decoration |
| <input type="checkbox"/> Book Holder | <input type="checkbox"/> Instrument | <input type="checkbox"/> Social (cast party) |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Officer | <input type="checkbox"/> Special Effects |
| <input type="checkbox"/> Costume Design/Construction | <input type="checkbox"/> Committee Chairperson | <input type="checkbox"/> Stage Manager |
| <input type="checkbox"/> Ticket Sales | <input type="checkbox"/> Dancing | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Ushering | <input type="checkbox"/> Drafting (sets) | <input type="checkbox"/> Properties |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Director | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Other | <input type="checkbox"/> Grip (stage hand) | <input type="checkbox"/> Promotion/Marketing |
| <input type="checkbox"/> Make-up | | |

PLEASE LIST PRIOR EXPERIENCES IN:

Acting, Directing, Producing, Stage Management, Music (vocal or instrumental), Set Design/construction, Choreography-Dancing, Writing etc.

IN ORDER TO PLAN FUTURE RETREATS / WORKSHOPS WHAT NEW AREAS WOULD INTEREST YOU?

MEDIA RELEASE FORM

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 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 copyright rights 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,

Date: _____

Print Name: _____

Address: _____

Telephone: _____

Email: _____

Signature of Participant

Signature of Witness

Name of Witness