

# Krewe Membership Application

#### Member Fee \$350.00

(Must be paid in full before participating in parades)

\*\*All members must be at least 21 years of age\*\*

Date	<u> </u>	
Name_		
Date of Birth/		
Home Address		
City	State	Zip
Previous Address (if less than 3 year	s)	
Home Phone ()	Cell Phone ()	
E-mail Address		
Social Security Number (Last 4 di	gits ONLY)	
Marital Status (Circle) Married S	Single Widowed Divorced	
If married, Spouse's Name		
Children's Name(s) / Ages		
Occupation		
Special Skills		
am interested in helping the Krew		
Emergency Contact	Phon	e No



Have you ever been arrested? Circle: Yes or No **Please do not attempt to conceal any arrest/conviction.** If ever arrested for any reason & found guilty state location, date, substance of arrest, & the outcome.

Are you related to a Krewe member through marriage or blood? Circle: Yes or No  If so, please gives name(s) of Krewe member(s) & relationship								
Please print the name of the Krewe Methat will recommend you when your na	<u>=</u>	<del>_</del>						
(1)	(2)							
(1)(Print)	(Print)							
ATTACH ANY SIZE PHOTO HERI I hereby make this application for mem contained herein is the truth to the best application a check in the amount of \$3 a photograph of myself. I understand the for any reason, or should I decide to wi processing fee) will be returned to me.	of my knowledge. I further under a 50.00, which is the initiation fee a lat if my membership into the Krew	stand that I must remit with my and the first year's dues. Also attached is we of Retro Renegades is not accepted						
Applicant's Signature								
Applicant Name (Printed)								
Enforcement Agency (including, but no	ot limited to: The Tampa Police De Law Enforcement, and/or the Fed may have been involved. I also her	deral Bureau of Investigation) regarding reby consent to the Krewe of Retro						
of information by aforementioned Law Renegades on acceptance of membersh	Enforcement Agencies or other entip, I agree to abide by the bylaws pership privileges can be revoked a	and rules of the Krewe of Retro at any time due to disruptive behavior or						
Applicant's Signature	Printed Name	Date						



## Waiver and Release Agreement

This waiver and release from liability hereby releases, waives, discharges, and covenants not to sue the KREWE OF RETRO RENEGADES, INC, their respective administrators, officers, directors, board members, members, representatives, hosts, other participants, operators, officials, and any person involved in the club, sponsors, advertisers, owners, and lessees or premises used to conduct the event and each of them, their officers, and employees, all for the purpose herein referred to as "releasees", from all liability to the undersigned.

I hereby agree to indemnify, save, and hold harmless, the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the area or in any way observing, or working for or for any purpose participating in any event, sanctioned, authorized, sponsored or promoted by releasees and whether caused by the negligence of the releases or otherwise.

I hereby assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of releases or otherwise while in or upon the area and/or while officiating, observing, or working for or for any purpose participating in any event, sanctioned, authorized, sponsored, or promoted by releasees.

I, the undersigned, further expressly agrees that the forgoing release, waiver, indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Providence or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force an effect.

If I sustain injury or illness while participating, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act on my behalf if I am not immediately available to do so.

I, the undersigned, have read and voluntarily signed this release waiver of liability and indemnity agreement, and further agree that no oral representative, statement, or inducement apart from the foregoing written agreement have been made. This waiver, release, and indemnification agreement specifically embraces each event sanctioned, authorized, sponsored or promoted by said releases during the entire membership year, and each continued membership year including, without limitation, local or regional events, wherever located, and applies to each and every event and activity, and has the same effect as if effectively released and indemnified as to each and every event sanctioned, authorized, sponsored or promoted by releasees.

SIGNATURE	DATE	



## Membership Participation Requirements

All Krewe members must attend both mandatory Krewe meetings (to be held in August and January), as well as two (2) additional meetings. Each Krewe member must also participate in at least two (2) Krewe-approved charity events, participate on at least one (1) committee as Chairperson or Co-Chair and maintain a minimum of eight (8) volunteer hours with the Krewe of Retro Renegades. A member may opt to make, in lieu of completing four (4) of the required eight (8) volunteer hours, a two hundred (\$200) dollar monetary donation to the Krewe. If any member is unable to complete the required eight (8) volunteer hours, he/she must notify the Krewe Board of Directors, in writing, by April 31st with an explanation of his/her situation. The Krewe Board of Directors will then review each case individually and decide on the member's eligibility for continued active membership in the Krewe of Retro Renegades.

Those Krewe members who chose to participate on a selected committee as Chairperson shall receive two (2) credited volunteer hours. Those Krewe members who chose to participate on a selected committee as Co-Chair shall receive one (1) credited volunteer hour.

Krewe Member Signature		
Krewe Member (Print)		
 Date		

#### ALL FORMS MUST BE SIGNED AND RETURNED TO KREWE SECRETARY