



# 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 \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address (if less than 3 years) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security Number (Last 4 digits ONLY) \_\_\_\_\_

Marital Status (Circle) Married Single Widowed Divorced

If married, Spouse's Name \_\_\_\_\_

Children's Name(s) / Ages \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_

Special Skills \_\_\_\_\_

I am interested in helping the Krewe by \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone 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.

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Are you related to a Krewe member through marriage or blood? Circle: Yes or No  
If so, please give name(s) of Krewe member(s) & relationship \_\_\_\_\_

Please print the name of the Krewe Members, who will be present at the Board of Directors meeting,  
that will recommend you when your name is proposed as a potential new member for invitation.

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Print) (Print)

**ATTACH ANY SIZE PHOTO HERE**

I hereby make this application for membership in the Krewe of Retro Renegades. I affirm that the information contained herein is the truth to the best of my knowledge. I further understand that I must remit with my application a check in the amount of \$350.00, which is the initiation fee and the first year's dues. Also attached is a photograph of myself. I understand that if my membership into the Krewe of Retro Renegades is not accepted for any reason, or should I decide to withdraw my application, my deposit of \$350.00 \_\_\_\_\_ (less a \$50.00 processing fee) will be returned to me. (Initial)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Name (Printed)

I, \_\_\_\_\_, hereby consent to Krewe of Retro Renegades obtaining any and all Law Enforcement Agency (including, but not limited to The Tampa Police Department, Hillsborough County Sheriff's Office, Florida Department of Law Enforcement, and/or the Federal Bureau of Investigation) regarding any and all criminal arrests in which I may have been involved. I also hereby consent to the Krewe of Retro Renegades obtaining any information from any source regarding my personal background, but not limited to, credit reporting agencies.

I hereby absolve and release the Krewe of Retro Renegades from any and all liability, arising from the disclosure of information by aforementioned Law Enforcement Agencies or other entities /agencies to the Krewe of Retro Renegades on acceptance of membership, I agree to abide by the bylaws and rules of the Krewe of Retro Renegades. I understand that my membership privileges can be revoked at any time due to disruptive behavior or any conduct that embarrasses, discredits, or brings harm to the Krewe. No refund of dues will be returned.

\_\_\_\_\_  
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 any 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 agree that the foregoing release, waiver, and 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, notwithstanding, 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 31<sup>st</sup> 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.

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Krewe Member Signature

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Krewe Member (Print)

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Date

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