DCCC MEMBERSHIP APPLICATION

MEMBER INFORMATION		
Name:	**DOB**	Home Phone:
Address:	**Year Joined:**	Cell Phone:
City:	State:	Bus Phone:
Zip:	Email:	Alt Email:
Type of Camera:	**Software used:**	**Photo Interests:**
Spouse/Significant other:		
	Are you a PSA member? Y N	New Renewal HM

Member Fee ___ x $25 =		**FOR DCCC TREASURER ONLY**	
Gift to Club ___ =	**Total Paid**	**$ _____**	**Cash** **PayPal**
	Date Received	**_____**	**Check # _____**

INSTRUCTIONS: Please fill in form and/or make corrections as needed. Please print clearly. Once completed and signed, please 1) scan and email the form to valyasokol@yahoo.com, 2) mail form to **Valentina Sokolskaya, 700 Commodore Ct, Unit 2710, Philadelphia, PA 19146** or 3) bring form to a meeting, once they resume
Payment Options: 1) mail check payable to "DCCC" with membership form to Valentina at above address or 2) pay check or cash at a meeting or 3) pay online via PayPal on the club website

Children younger than 18 years of age must be accompanied by a adult member at all club meetings and events. No children under the age of 16 will be admitted for membership.

This information is provided to club members only and will not be made available for public use. The membership list will be on the website for members only. There will be NO printed Directory.

If you want to remove any information from the Directory or have questions, please contact **Valentina Sokolskaya** at valyasokol@yahoo.com

Please read the following Liability Release form and sign on the next page!

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I, _____, (print name) hereby enter into this Liability Release and Assumption of Risk Agreement ("Agreement") for good and valuable consideration and agree to the following terms:

1. I am voluntarily participating in a DCCC event or events, including but not limited to: photo shoots, meetings, classes, workshops and competitions.

2. I expressly assume any and all risks associated with my participation in DCCC events whether known or unknown including, but not limited to: serious bodily injury, illness, death and damage, theft or loss of personal property. My personal property specifically includes my own camera equipment. I acknowledge that DCCC, its officers, board members, members, instructors, agents and/or volunteers cannot inform me of all the hazards associated with these events and how to avoid them. I also acknowledge that I am responsible for my actions regarding the subjects of my photographs and the property of others encountered during DCCC events.

3. I further agree to assume any and all risks of exposure to COVID-19 (also known as Coronavirus, SARS-Cov-2, Novel Coronavirus), related illnesses and other infectious diseases associated with my participation in DCCC events which includes but is not limited to any loss, injury, illness, disability or death suffered by me and possible exposure of such diseases to my family and others who I am in close contact with. I understand that individuals with COVID-19 and related illnesses may be asymptomatic and I may be exposed to the virus even when DCCC and I have taken every precaution to prevent such exposure. I also agree to adhere to current hygiene and safety advice, including social distancing, wearing a mask and other precautions recommended by the World Health Organization ("WHO"), Centers for Disease Control ("CDC") and other federal, state or local governments or health services and further agree to abide by any additional hygiene terms or policies DCCC may send to me prior to my participation.

4. On behalf of myself and my personal representatives, heirs, executors, administrators, agents and assigns, I hereby release, discharge, indemnify and hold harmless DCCC, its officers, board members, members, instructors, agents and volunteers from any and all liability, claim, demand, or action for any damages, costs, expenses, or obligations of any nature whatsoever in any way arising from my participation in DCCC events whether caused by the negligence of DCCC or that of a third party.

5. If I am a driver for a photo shoot or other DCCC event, I confirm that I have a valid driver's license and that my vehicle insurance includes accident, medical and liability coverage for my passengers. Passengers agree to compensate the driver for travel expenses, including gas, tolls and parking.

6. If any term of this Agreement is found to be invalid, illegal, or incapable of being enforced by a court of competent jurisdiction, such term shall be excluded to the extent of such invalidity, illegality, or unenforceability; all other terms hereof shall remain in full force and effect.

7. This Agreement shall be interpreted under the laws of the Commonwealth of Pennsylvania. The courts of the Delaware County, Pennsylvania shall have exclusive jurisdiction over any action brought pursuant or relating to this Agreement.

I have read and fully understand the terms of this Agreement and intending to be legally bound, I hereby affix my signature below:

Member Signature: _____ Date:_____