

# MEMBER AGREEMENT

I, \_\_\_\_\_, accept this offer for membership as \_\_\_\_\_ in  
[name] [position]

\_\_\_\_\_ as a \_\_\_\_\_ member for the \_\_\_\_\_ season.  
[performing unit] [booster/marching/staff] [season/year]

I understand and am able to fulfill my total financial obligation of \_\_\_\_\_.

I certify that have read, understand, and fully commit to upholding the mission, values, and expectations of Florida Marching Arts, Inc. and its performing units.

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

I certify that I have read, understand and fully commit to upholding all policies of Florida Marching Arts, Inc., including those on the following topics. I understand that my membership may be terminated if I violate these policies.

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Alcohol and Controlled Substances

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Child Protection and Welfare

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Discrimination, Fraternalization, Harassment

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Hazing

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Intellectual Property, Media, Photography, Recording

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Property

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Relationships, Open Door Policy, Retaliation

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Risk, Safety, Health

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

Social Media

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

I acknowledge that I am not an employee of this performing unit or Florida Marching Arts, Inc., and that I am not entitled to receive salary, benefits or other compensation. I understand that I do not qualify for worker's compensation benefits, and that I am expected to carry personal medical and automobile insurance to cover medical, property, and other expenses for any injury, accident or other loss I may incur during my voluntary participation.

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

I certify that I have read, understand and fully commit to the attendance and financial requirements of membership in this performing unit for this season:

\_\_\_\_\_ member initial \_\_\_\_\_ parent initial

- I will attend all scheduled rehearsals, performances, and other events of the performing unit. I understand that the list of scheduled rehearsals, performances, and other events is available through my CorpsData account.
- I understand and am able to fulfill the member financial obligation listed above, either by making a payment in full or by making regular payments to my financial account. I understand that I may also be responsible for other incidental fees such as personal uniform items, local travel, meals, etc.
- I understand that my payment schedule and other details of my financial account are available through my CorpsData account.
- If I am unable to attend the entirety of any scheduled event or if I am unable to fulfill my financial obligation in a timely manner, I will notify the Director or designee as soon as possible.
- I understand that if I choose to terminate my membership or if my membership is terminated because of violation of Florida Marching Arts, Inc. policies or this Member Contract, I must still satisfy this financial obligation.

# MEMBER AGREEMENT

I understand that e-mail is the primary method of communication among members of Florida Marching Arts, Inc. and its performing units. I understand that I am responsible for all information sent to my e-mail address. I will keep my a current e-mail address *that I check regularly* on file in my CorpsData account.

\_\_\_\_\_ member initial

\_\_\_\_\_ parent initial

I understand that the information, equipment, uniforms, and materials provided by Florida Marching Arts, Inc. are and remain the property of Florida Marching Arts Inc., and I agree to return all property of Florida Marching Arts Inc. when my membership ends.

\_\_\_\_\_ member initial

\_\_\_\_\_ parent initial

I understand that participation in the activities of Florida Marching Arts, Inc. involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and policies. I accept responsibility for my actions and accept that all risks taken are my own. I shall hold harmless Florida Marching Arts, Inc. and its directors for any harm, physical or otherwise, while a member of any performing unit owned or operated by or affiliated with Florida Marching Arts Inc. I understand that I must have a current Medical Information and Release Packet on file at all times when participating in the activities of Florida Marching Arts, Inc.

\_\_\_\_\_ member initial

\_\_\_\_\_ parent initial

I agree that this is the entire agreement between me and Florida Marching Arts, Inc., and that no agreement, either oral or written, exists outside this agreement regarding membership in this performing unit for this season.

\_\_\_\_\_ member initial

\_\_\_\_\_ parent initial

My signature below indicates that:

- I have read and fully understand the contents of the Agreement and or have had the contents fully explained to my satisfaction. By agreeing to the terms above, I acknowledge that I am not under duress, incapacitated, or have any intent to defraud and that this Agreement is binding. All parties mentioned herein must agree to its termination for the Agreement to be broken.
- All terms and conditions of this Agreement shall be interpreted under the laws of the State of Florida. Parent/Guardian signature is required if the member is under the age of 18.

**Signature of Member** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

# MEDICAL INFORMATION AND RELEASE PACKET

## PARTICIPANT INFORMATION

Participant's Name	
Mailing Address	Telephone
Social Security Number	Date of Birth
E-Mail Address	

## EMERGENCY CONTACT #1

Emergency Contact Name		
Telephone	Telephone	Telephone
E-Mail Address		
Relationship		

## EMERGENCY CONTACT #2

Emergency Contact Name		
Telephone	Telephone	Telephone
E-Mail Address		
Relationship		

## PRIMARY CARE PROVIDER

Physician's Name	
Office Address	Telephone

# MEDICAL INFORMATION AND RELEASE PACKET

## MEDICAL INSURANCE INFORMATION

Medical Insurance Company	Policy Number
Mailing Address	Telephone
Insurance Agent/Employer Name	Insurance Agent/Employer Telephone
Policy Holder Name	Policy Holder Date of Birth

## MEDICAL HISTORY

*Please list any prescription medicine you currently take. Attach additional pages if necessary.*

Medication Name	Dosage	When/How Often?	What is it for?

*Please indicate whether you use or are allergic to any other following.*

Do you wear glasses/contact lenses? <input type="checkbox"/> glasses <input type="checkbox"/> contact lenses	Do you use tobacco of any kind? <input type="checkbox"/> I use this. <input type="checkbox"/> I do not use this.
Penicillin <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.	Levaquin <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.
Sulfa Drugs <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.	Erythromycin (or other -mycins) <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.
Aspirin or Ibuprofen <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.	Codeine or Morphine <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.
Tetracycline <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.	Cephalosporin <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.
Benadryl <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.	Sedatives <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.
Other _____ <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.	_____ <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.
Other _____ <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.	_____ <input type="checkbox"/> I use this. <input type="checkbox"/> I am allergic to this.

# MEDICAL INFORMATION AND RELEASE PACKET

*Please disclose any and all medical attention given the the member within the past two years, and describe the illness, treatment, or injury. (Please attach additional pages, if necessary, for full disclosure of all treatments.)*

Illness/Symptom/Injury	Treatment	Date
Illness/Symptom/Injury	Treatment	Date
Illness/Symptom/Injury	Treatment	Date
Illness/Symptom/Injury	Treatment	Date

*Please indicate the date of your last tetanus shot:* \_\_\_\_\_

*Please indicate whether you have had or are prone to having any of the following illnesses:*

- |   |   |                                   |   |  |  |   |
|---|---|-----------------------------------|---|--|--|---|
| <input type="checkbox"/> asthma                 | <input type="checkbox"/> bronchitis                 | <input type="checkbox"/> diabetes | <input type="checkbox"/> diverticulitis | <input type="checkbox"/> eczema        | <input type="checkbox"/> emphysema         | <input type="checkbox"/> epilepsy or seizures |
| <input type="checkbox"/> heart issues or stroke | <input type="checkbox"/> hepatitis or liver disease | <input type="checkbox"/> hives    | <input type="checkbox"/> kidney disease | <input type="checkbox"/> mononucleosis | <input type="checkbox"/> sickle cell trait | <input type="checkbox"/> thyroid disease      |

*Please indicate whether you are prone to having any of the following symptoms/issues on a regular basis:*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> congested or runny nose | <input type="checkbox"/> sneezing spells            | <input type="checkbox"/> head colds            | <input type="checkbox"/> nose bleeds                        |
| <input type="checkbox"/> sore throat             | <input type="checkbox"/> enlarged tonsils           | <input type="checkbox"/> hoarse throat         | <input type="checkbox"/> neck pain/swelling                 |
| <input type="checkbox"/> frequent headaches      | <input type="checkbox"/> high blood pressure        | <input type="checkbox"/> chest pains           | <input type="checkbox"/> racing or palpitating heart        |
| <input type="checkbox"/> dizzy spells            | <input type="checkbox"/> shortness of breath        | <input type="checkbox"/> abnormal coughing     | <input type="checkbox"/> wheezing                           |
| <input type="checkbox"/> aching muscles          | <input type="checkbox"/> swollen joints/feet/ankles | <input type="checkbox"/> leg cramps            | <input type="checkbox"/> skin problems                      |
| <input type="checkbox"/> dental/mouth problems   | <input type="checkbox"/> bleeding/bruising easily   | <input type="checkbox"/> sunburn/sun poisoning | <input type="checkbox"/> inadequate sweating or heat stroke |

*Are there any other allergies, medications, symptoms, or treatments that we need to know about? Please explain.*

# MEDICAL INFORMATION AND RELEASE PACKET

## CONSENT FOR TREATMENT FOR MINOR CHILD

I acknowledge that \_\_\_\_\_ (name of minor child) is a member of a Florida Marching Arts, Inc. performing unit, and as a member engaged in practice, tour, travel and performances. I, the undersigned parent or guardian, desires that said member receives the proper medical treatment in the event of illness or accident. I as said or guardian consents to the administration of all medical treatment as is deemed necessary, and accept financial responsibility for the said treatments. In accepting this consent, Florida Marching Arts, Inc. agrees to notify me in a reasonable amount of time in the event of any serious accident or illness.

<b>Parent/Guardian Signature</b>	
<b>Parent/Guardian Name</b>	<b>Date</b>
<b>Witness Signature</b>	
<b>Witness Name</b>	<b>Date</b>

## TO THE HOSPITAL AND SURGEON

In case of emergency, I, as parent or guardian, authorize the attending staff member from Florida Marching Arts, Inc. to sign release and consent forms for admitting and treatment of the minor child named above. Additionally, if emergency surgery is required and I cannot be reached, I authorize the attending staff member from Florida Marching Arts, Inc. to sign proper release, admittance, and consent forms for surgery and related treatment of the minor child named above.

<b>Parent/Guardian Signature</b>	
<b>Parent/Guardian Name</b>	<b>Date</b>
<b>Witness Signature</b>	
<b>Witness Name</b>	<b>Date</b>

## Media Release

During the course of the season, we and others take pictures that may be used in promotional material, displayed at public events, or used on the website. We would like to have your permission to do so.

I, \_\_\_\_\_ (PLEASE PRINT CORPS MEMBER'S NAME), DO HEREBY GIVE FLORIDA MARCHING ARTS, INC., THEIR ASSIGNEES, LICENSEES, SUCCESSORS IN INTEREST, AND LEGAL REPRESENTATIVES, THE IRREVOCABLE RIGHT TO USE MY NAME, PICTURE, PORTRAIT, OR PHOTOGRAPH IN ALL FORMS OF MEDIA AND IN ALL MANNERS WITHOUT ANY RESTRICTION AS TO CHANGES OR ALTERATIONS, INCLUDING, BUT NOT LIMITED TO, COMPOSITE OR DISTORTED REPRESENTATIONS OR DERIVATIVE WORKS) MADE IN ANY MEDIUM FOR ADVERTISING, TRADE, PROMOTION, EXHIBITION OR ANY OTHER LAWFUL PURPOSE AND I WAIVE ANY RIGHT TO INSPECT OR APPROVE THE PHOTOGRAPH(S) OR FINISHED VERSION(S) INCORPORATING THE REPRESENTATION INCLUDING WRITTEN COPY THAT MAY BE CREATED AND APPEAR IN CONNECTION THEREWITH. I AGREE THE PHOTOGRAPHER OWNS THE COPYRIGHT IN THESE PHOTOGRAPHS AND I HEREBY WAIVE ANY CLAIMS I HAVE BASED ON USES OF THE PHOTOGRAPH OR WORKS DERIVED FROM THEM, INCLUDING, BUT NOT LIMITED TO, CLAIMS OF EITHER INVASION OF PRIVACY OR LIBEL. I AGREE THAT IN GIVING MY CONSENT I WAIVE ALL CLAIMS TO ANY AND ALL FINANCIAL CONSIDERATION DERIVED IN PART OR IN WHOLE FROM THE USE OF MATERIAL DESCRIBED IN THIS AGREEMENT. ADDITIONALLY, I AGREE THAT I AM WAIVING MY RIGHTS FOR ALL CLAIMS FOR PAYMENT FOR USE OF ALL MATERIALS AS OUTLINED IN THIS AGREEMENT. I AM OF FULL AGE AND COMPETENT TO SIGN THIS RELEASE. I AGREE THIS RELEASE SHALL BE BINDING ON LEGAL REPRESENTATIVES, MY HEIRS, ASSIGNEES, AND ME. I HAVE READ THIS RELEASE AND AM FULLY FAMILIAR WITH ITS CONTENTS.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Consent for Minor (Required if member is less than 18 years of age.)

I am the parent or guardian of the above named minor and have legal authority to execute this release. I approve the foregoing and waive any rights in the premises.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

# EQUIPMENT USE AGREEMENT

## MEMBER INFORMATION

Name (Last, First, Middle)	
Mailing Address	Telephone
E-Mail Address	

## EQUIPMENT INFORMATION

type of equipment (including manufacturer)	tag number	serial number	anticipated use period
condition (usability/cosmetic/finish)		included accessories <input type="checkbox"/> case <input type="checkbox"/> mouthpiece <input type="checkbox"/> stand/harness <input type="checkbox"/> other:	

## AGREEMENT

My signature below indicates that:

- I will take full responsibility for this equipment while it is issued to me. I will take all reasonable precautions to maintain this equipment in the same condition in which I received it. I will keep this equipment in its case (if applicable) and in a safe and secured area when not in use.
- I will not loan this equipment to anyone else while it is issued to me. I understand that I will be held responsible for any damage or loss, even if done by a third party.
- I will notify the management of Florida Marching Arts, Inc. immediately if this equipment is damaged or lost.
- I will use this equipment only for individual practice, rehearsals, and performances related to the ensembles of Florida Marching Arts, Inc. I will not use this equipment for any other purpose (including performances with ensembles not related to Florida Marching Arts, Inc.) without prior permission from management of Florida Marching Arts, Inc.
- I understand that I am responsible for the transportation of this equipment to and from any rehearsals or performances while it is issued to me.
- I understand that there is no charge for the use of this equipment, beyond any tuition or fees required for membership and detailed in a separate document.
- In the event that this equipment is lost or destroyed during the use period, I agree to replace it at my own expense. Further, if this equipment is damaged during the use period, I agree to have it fixed or replaced at my own expense.
- If I do not return this equipment at the end of the use period described above or at the request of the management of Florida Marching Arts, Inc. (whichever is sooner), I understand that my participation in other performing groups (including DCA, DCI, FFCC, and WGI ensembles) may be restricted and that this agreement may be forwarded to the appropriate law enforcement agency.
- **I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS, FLORIDA MARCHING ARTS, INC., AND ANY OF THEIR DIRECTORS, EMPLOYEES, VOLUNTEERS, OR AGENTS FOR ANY LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THIS EQUIPMENT. THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES (INCLUDING DEATH) AND PROPERTY LOSSES OR DAMAGE OCCASIONED BY, OR IN CONNECTION WITH, THE POSSESSION OR USE OF THE PROPERTY/EQUIPMENT.**

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_