



Send applications to:
KREWE OF HILLSBOROUGH
PO Box 15496
Tampa, FL 33684

Krewe Of Hillsborough Membership Application

Date: _____ Name: _____

Home Address: _____ How Long? _____

Previous Address: _____ How Long? _____

Home Ph: _____

Work Address: _____ Cell Ph: _____

Previous Work Address: _____ E-mail: _____

Place of Birth: _____ Date of Birth: _____

Marital Status (Circle M or S If married) Spouse's Name: _____

Children's Name(s) / Ages: _____

Driver's License No. _____ State: _____

Soc. Sec. No. _____

Occupation / Special Skills: _____

Name/Address/Ph. No. of Nearest Relative: _____

Hobbies: _____

Have you ever been arrested? Circle: Yes or No (Please don't attempt to conceal any arrest / Conviction). If ever arrested for any reason & found guilty state location, date, substance of arrest, & the final outcome.

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

Please print the names of at least 2 Krewe Members who will be present at the Board of Directors meeting to recommend you when your name is proposed as a new member.

(1) _____ (2) _____
(Print) (Print)

ATTACH ANY SIZE PHOTO HERE

I hereby make this application for membership in Krewe Of Hillsborough. 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 \$450.00, which is the initiation fee and the first years dues. Also attached is a photograph of myself.

I understand that if my membership into The Krewe Of Hillsborough is not accepted for any reason, or should I decide to withdraw my application, my deposit of \$450.00_____ (less a \$50.00 processing fee) will be returned to me. (Initial)

Sponsor (Sign & Print Name) Applicant's Signature

Sponsor (Sign & Print Name) Applicant Name (Printed)

I, _____, hereby consent to The Krewe Of Hillsborough 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 Hillsborough 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 Hillsborough from any and all liability, arising from the disclosure of information by aforementioned Law Enforcement Agencies or other entities / agencies to The Krewe Of Hillsborough.

Upon acceptance of membership, I agree to abide by the bylaws and rules of the krewe. I understand that my membership privileges can be revoked at any time due to disruptive behavior or conduct that embarrasses or brings harm to the krewe. No refund of dues will be returned.

Applicant's Signature / Printed Name Date

Krewe of Hillsborough

www.kreweofhillsborough.com

Waiver and Release Agreement

PART A:

WAIVER AND RELEASE FROM LIABILITY HEREBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE The Krewe of Hillsborough 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.

HEREBY AGREES TO INDEMNIFY AND 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 anyway 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.

HEREBY ASSUMES 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.

EACH OF 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, notwithstanding, continue in full legal force and effect.

In the event that 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 in my behalf if I am not immediately available to do so.

UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducements part from the foregoing written agreement have been made. This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized, sponsored or promoted by said releases during the entire 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: _____

PART B – PARENT/GUARDIAN WAIVER-RELEASE FROM LIABILITY

If applicant is under 18 years of age, the parent(s) or guardian(s) must execute, in addition to the above, this following waiver.

The undersigned (parent/guardian name) _____ referred to as the parent and natural guardian or legal guardian of (child's name) _____ does thereby represent that he/she is in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein to above as releases from all liability, loss, cost, claim or damage whatsoever may be imposed upon said releases, because of any defect in or lack of such capacity to so act and release said releases on behalf of the undersigned.

SIGNATURE: _____ Date: _____

PARENT/GUARDIAN