

TWISTED STITCHERS QUILT GUILD  
**2023-2024** MEMBERSHIP REGISTRATION

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**WAIVER:**

As a member of the Guild I do hereby agree to indemnify and hold blameless the Twisted Stitchers Quilt Guild and/or Pickering Village Senior Citizens Club for any accidental physical injury, accidental damage or loss of any kind howsoever caused while attending any function under the guidance, direction or other auspices of the Guild. I agree not to pursue any civil or other legal action against The Twisted Stitchers Quilt Guild or Pickering Village Senior Citizens Club for any accidental injury, accidental damage or loss.

I have read, understood and agree to the terms of this waiver.

NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: 2022 \_\_\_\_\_ AT THE TOWN OF \_\_\_\_\_

Witness by SIGNATURE \_\_\_\_\_

NEW MEMBER: \_\_\_\_\_ RETURNING MEMBER: \_\_\_\_\_ CASH: \_\_\_\_\_ CHEQUE: \_\_\_\_\_

E-TRANSFER to [tsguild@gmail.com](mailto:tsguild@gmail.com): \_\_\_\_\_

CHARITY ITEM: \_\_\_\_\_