

TWISTED STITCHERS QUILT GUILD
2022-2023 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: _____

CHARITY ITEM: _____