



Fiddle Orchestra of Western Massachusetts



NEW MEMBER FORM

To help us publicize the group:

- FOWM may include me in photos of the group on the website
- FOWM may include my name in the membership list on the website

- I have enclosed a check or mailed payment separately (\$115 regular season membership)

Please Print:

First Name	
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Last Name	
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Email Address	
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Town	
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Instrument	
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Approximate level	
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- I have signed the liability waiver on the reverse

Please Mail to:

FOWM

PO BOX 182

Northampton, MA 01061-0182

For more information email us at fiddlewesternmass@gmail.com

WAIVER OF LIABILITY

To: FIDDLE ORCHESTRA OF WESTERN MASSACHUSETTS (hereafter, FOWM) and its Members Including Volunteers, Directors—David Kaynor, Annika Amstutz, Volunteer Coordinator and Treasurer—Rebecca Shannon, the SENIOR CENTER OF NORTHAMPTON, and the CITY OF NORTHAMPTON

Activity: Participation in FOWM activities and concerts

Participant Name:

[Empty rectangular box for participant name]

I understand that participation in the above event or activity may include actions or tasks which might be hazardous to the participant named above or their musical instrument(s).

By signing below, I assume any risk of harm or injury which might occur for any reason to the participant or instrument(s) due to and/or during his/her/my participation in FOWM.

I release the FIDDLE ORCHESTRA OF WESTERN MASSACHUSETTS (FOWM) and its members, including volunteers, directors (David Kaynor, Annika Amstutz), volunteer coordinator and treasurer (Rebecca Shannon); the SENIOR CENTER OF NORTHAMPTON; and the CITY OF NORTHAMPTON; and/or any other facility or location of FOWM activity from all liability, costs and damages which might arise from participation in FOWM.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for FOWM to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Sign Here if Participant is an Adult

Signature of Participant _____ Date: _____

Sign Here if Participant is a Minor

Name of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____