

Member # \_\_\_\_\_

# THE EXILES

Paid: \_\_\_\_\_

Address ID# \_\_\_\_\_

## Membership Renewal Waiver and Liability Release Form

Via: \_\_\_\_\_

(For Administrative Use Only)

July 1, 2011 – June 30, 2012

(For Administrative Use Only)

**By signing below, I declare that:**

1. I am a woman or one whose gender self-identification is other than male, and I have a government issued photo ID proving my legal age is at least 18 years old.
2. I wish to join The Exiles of my own free will, solely because I have a real, positive and personal interest in BDSM play between women.
3. I understand that demonstrations may occur at Exiles events that may include or depict nudity, acts of sadomasochism and/or sex; that all such acts or depictions will involve only consenting adults, and that I am free to leave at any time should I feel uncomfortable or offended by such activities or depictions.
4. I am not acting in the capacity of, or as a member of, any law enforcement, postal or media agency. I will not attend Exiles events or programs for purposes of harassment, entrapment or to provide information that would cause or support the bringing of civil or criminal charges against The Exiles or any individual attending this meeting.
5. I understand that confidentiality of other members and attendees, their words and actions, is a requirement of my being accepted, and I will not share in any way accounts of Exiles programs or events with anyone who is not also in attendance.
6. I expressly **release and discharge** the members and officers of The Exiles, presenters and attendees at any program meeting, the owners and/or landlord of the meeting place, and their employees, agents and volunteers from any and all claims and causes of action that I have now or may have in the future, whether I know about them now or not. This release is to include, but is not limited to, any personal physical or emotional injury, accident, illness or loss or damage to my property that I may suffer, however it is caused.
7. I will not hold any entity listed in #6 above responsible for any contacts I make as a result of my participation, nor for any consequences resulting from information provided here, by me or anyone else.
8. It is my intention that this **WAIVER AND RELEASE** be binding on all of my heirs, agents, legal representatives, assignees, and any other persons purporting to represent my interests. It is my intention that its coverage extends to the heirs, legal representatives and assignees of all entities listed in #6 above.
9. I voluntarily sign and execute this document, with full understanding of its meaning and legal consequences.

Please **NOTE**: entering your legal name below and emailing this form to [Membership@theexiles.org](mailto:Membership@theexiles.org) shall be considered your legal signature and acknowledgement of the above legal waiver.

\_\_\_\_\_  
Legal Name - Member 1

\_\_\_\_\_  
Legal Name – Member 2

\_\_\_\_\_  
Legal Name – Member 3

\_\_\_\_\_  
Membership Number

\_\_\_\_\_  
Birthday (optional)\*

\_\_\_\_\_  
Membership # 2

\_\_\_\_\_  
Birthday (optional)\*

\_\_\_\_\_  
Membership # 3

\_\_\_\_\_  
Birthday (optional)\*

**Please Print Clearly :**

\_\_\_\_\_  
**Scene Name – Member 1 - may be different from legal name**  
(for use on membership cards & door list at programs)

\_\_\_\_\_  
**E-mail Address – Member 1**

\_\_\_\_\_  
**Scene Name – Member 2**

\_\_\_\_\_  
**Scene Name – Member 3**

\_\_\_\_\_  
**E-mail Address – Member 2**

\_\_\_\_\_  
**E-mail Address – Member 3**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**Note: You must keep your mailing address current to receive membership cards, voting materials and renewal forms.**

- Due to problems with USPS delivery, all mailings will be delivered to your “legal name”. Check this box to have mail go to your “scene name” and accept the risk of mail delivery failure.

Select the Membership Type, and send a check made out to “The Exiles” for the total amount due.

**Membership Types:**

**Individual - \$36.00**

Receives a membership card, *The Lunatic Fringe*\*\*, reduced program admission, reciprocal rights, and may attend business meetings, vote for and become an officer.

**Household - \$42.00**

Two or more members residing at the same address. Each person receives Individual Member benefits and each may receive individual electronic copy of *The Lunatic Fringe*\*\* newsletter.

**Hardship - \$15.00**

Member having financial difficulties. Receives all Individual Member benefits.

**Associate - \$18.00**

Receives *The Lunatic Fringe*\*\* & reduced program admission only. Must live outside of these counties: Alameda, Contra Costa, Marin, Napa, Sacramento, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma.

**\*NEW:** Want your birthday listed in the new “Birthday Corner” of the Fringe? If so, please enter your birthday above! (Will show scene name or simply first name if no scene name is indicated. No last names printed.)

\*\* All subscriptions to *The Lunatic Fringe* shall be delivered via electronic mail unless a special request for a hard copy is made.

**Communication Options: (check all that apply)**

- Check this box to receive (or continue to receive) occasional Exiles & community announcements via e-mail. This is an announce-only list. You may unsubscribe at any time.
- Check this box to confirm your desire to participate in The Exiles e-mail group, where you can make contact with fellow members via e-mail postings to the group. You may choose to receive individual emails or a daily digest and may unsubscribe at any time.
- Check this box to receive the monthly newsletter, *The Lunatic Fringe*, by USPS instead of via e-mail attachment (PDF).