

Mem# _____ Add# _____

Card List
(For Administrative Use Only)

THE EXILES
Membership Renewal
Waiver and Liability Release Form
July 1, 2016 – June 30, 2017

Date Received: _____

Paid: _____

Via: _____
(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.

This is a legal document and I am signing with my legal signature. (Your legal name will be kept confidential.)

Legal Signature

Print Legal Name

Date Signed _____ Membership # _____ Birthday (optional)*

Please Print Clearly:

Scene Name (optional) - may be different from legal name
(for use on membership cards & door list at programs)

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.

E-mail Address

Street Address

City *State* *Zip*

Note: You must keep your mailing address current to receive membership cards and other forms.

Select the Membership Type and optionally add Supporting Membership. Payment may be made by check made out to "The Exiles", via PayPal (to treasurer@theexiles.org), or by credit card at a program or by contacting the Treasurer.

Membership Types:

Individual - \$36.00
Receives a membership card, *The Lunatic Fringe* newsletter, reduced program admission, reciprocal rights, and may attend business meetings, and vote for and become an officer.

Household - \$42.00 **Additional Household - \$18.00/ea**
(Each member must complete and sign individual waiver form)
Two members residing at the same address; \$18 for each additional member residing at that 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.

Supporting Member - \$30.00 (per person, in addition to above; not available for Hardship membership)
Entitles you to attend all regular monthly programs at no additional cost.

Communications from the Exiles

- By providing your email address above, you are consenting to be added to the members' email list.
- The Exiles newsletter is sent out on this list. Occasional Exiles-related emails are also sent to this list.
- You may unsubscribe at any time; if you do so, you will not receive your newsletter by email. To receive the newsletter by postal mail, you must send your request to membership@theexiles.org (or leave a message at (415) 938-7376).