



Krewe Membership Application

New Member Fee \$450.00

(Must be paid in full before participating in parades)

****All members must be at least 21 years of age****

Date _____

Krewe Member Sponsored by (1) _____ (2) _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Previous Address _____

How Long _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

Previous Krewe member of _____

Currently Active Krewe member (circle one) Y or N

Place of Birth _____ Date of Birth _____

Marital Status (Circle) Married Single Widowed Divorced

If married, Spouse's Name _____

Children's Name(s) / Ages _____ / _____

_____ / _____

_____ / _____

_____ / _____

Driver's License No _____ State _____

Occupation _____

Special Skills _____

I am interested in helping the Krewe by _____



Have you ever been arrested? (Circle one) Yes or No

****Please do not attempt to conceal any arrest or conviction****

If ever arrested for any reason & found guilty, state location, date, substance of arrest, & the final outcome.

Are you related to a Krewe member through marriage or blood? (Circle one) Yes or No

If so, please give name(s) of Krewe member(s) & relationship _____

PLEASE ATTACH ANY SIZE PHOTO TO THE TOP RIGHT CORNER OF THIS PAGE.

I hereby make this application for membership into the Spirit of Cigar City Krewe. I affirm that the information contained herein is the truth to the best of my knowledge. I further understand that I must remit with my application a check in the amount of \$450.00, which is payment for the initiation fee and the first year's dues. Also attached is a photograph of myself. I understand that if my membership into the Spirit of Cigar City Krewe is not accepted for any reason or if I should decide to withdraw my application, my deposit of \$450.00 (less a \$50.00 processing fee) will be returned to me.

Applicant's Signature Date

Applicant Name (Print) Date

I, _____, hereby consent to the Spirit of Cigar City Krewe obtaining any and all Law Enforcement Agency (including, but not limited to: The Tampa Police Department, Hillsborough County Sheriff's Office, Florida Department of Law Enforcement, and/or the Federal Bureau of Investigation) information regarding any and all criminal arrests in which I may have been involved. I also hereby consent to the Spirit of Cigar City Krewe obtaining any information from any source regarding my personal background, but not limited to, credit reporting agencies. I hereby absolve and release the Spirit of Cigar City Krewe from any and all liability, arising from the disclosure of information by aforementioned Law Enforcement Agencies or other entities/agencies to the Spirit of Cigar City Krewe on acceptance of membership. I agree to abide by the rules, regulations and guidelines of the Krewe. I understand that my membership privileges can be revoked at any time due to disruptive behavior or conduct that embarrasses or brings harm to the Krewe with no refund of dues returned.

Applicant's Signature Date

Print Name Date



Emergency Contact Information

Allergies: _____

Optional Medical Information: _____

Emergency Contact(s):

1. Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

2. Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

3. Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____



Membership Participation Requirements

All Krewe members must attend **both mandatory Krewe meetings** (to be held in August and January), as well as **two (2) additional meetings**. Each Krewe member must also participate in at least **two (2) Krewe-approved charity events**, participate on at least **one (1) committee** as Chairperson or Co-Chair and **maintain a minimum of eight (8) volunteer hours** with the Spirit of Cigar City Krewe. A member may opt to make, in lieu of maintaining a minimum of eight (8) volunteer hours, a one hundred (\$100) dollar monetary donation to the Krewe. If any member is unable to complete the required eight (8) volunteer hours, he/she must notify the Krewe Founders and Executive Officers, in writing, by April 31st with an explanation of his/her situation. The Krewe Founders and Executive Officers will review each case individually and make a determination on eligibility for continued membership in the Spirit of Cigar City Krewe.

Those Krewe members who chose to participate on a selected committee as Chairperson shall receive two (2) credited volunteer hours. Those Krewe members who chose to participate on a selected committee as Co-Chair shall receive one (1) credited volunteer hour.

Krewe Member Signature

Krewe Member (Print)

Date



Waiver and Release Agreement

Waiver and release agreement from liability hereby releases, waives, discharges and conveys not to sue the Spirit of Cigar City Krewe, their respective administrators, founders, officers, directors, board members, members, representatives, hosts, other participants, operators, officials, and any person involved in the Krewe, sponsors, advertisers, owners, and lessees or premises used to conduct the event and each of them, their officers and employees, all for the purpose herein referred to as "releasees", from all liability to the undersigned.

Hereby agree to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in or upon the area or in any way observing, or working for or for any purpose participating in any event, sanctioned, authorized, sponsored or promoted by releasees and whether caused by the negligence of the releasees or otherwise.

Hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of releasees or otherwise while in or upon the area and/or while officiating, observing, or working for or for any purpose participating in any event, sanctioned, authorized, sponsored or promoted by releasees.

Each of the undersigned further expressly agrees that the forgoing release, waiver, indemnity agreement is intended to be as broad and as inclusive as is permitted by the law of the Providence or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. In the event that I sustain injury or illness while participating, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.

Undersigned has read and voluntarily signs the waiver and release agreement of liability and indemnity agreement, and further agrees that no oral representatives, statements or inducements part from the foregoing written agreement have been made. This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized, sponsored or promoted by said releasees during the entire membership year, and each continued membership year including, without limitation, local or regional events, wherever located, and applies to each and every event and activity, and has the same effect as if effectively released and indemnified as to each and every event sanctioned, authorized, sponsored or promoted by releasees.

Signature

Printed Name

Date