

Adrian Empire, Inc. (Adria): MEMBERSHIP APPLICATION

A separate form is required for each member.

Select one: New Membership Renewal of Member # _____ (if known) Address / Information Change

Applicant Name: _____ Is minor? Previous legal name: _____

Persona Name: _____ E-mail address: _____

Address: _____ Phone: (_____) _____

City/State/Zip: _____ Chapter request: _____

MEMBERSHIP WAIVER / INFORMED CONSENT TO PARTICIPATE

In exchange for the value and benefits received, including my membership and participation in activities conducted by or on behalf of ADRIA, I have read, understand and willingly sign this release and waiver. I acknowledge that my participating in any activity conducted by, in connection with, or on behalf of ADRIA (the "Programs") is voluntary. I understand that there are risks and dangers inherent in participating in the Programs including but not limited to, injury due to sword fights and/or martial arts, property damage, death, or mental or emotional distress. I represent that I am physically capable of participation in ADRIA activities. I understand that ADRIA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety, my own health care needs, and for the protection of my property. I represent that I will observe all ADRIA rules or directions of ADRIA officials regarding equipment participation or personal safety and voluntarily accept all risks associated therewith.

In consideration for my being permitted to participate in the Programs, I freely and voluntarily release, waive, discharge, ADRIA and its officers, directors, agents and assigns (the "Released Parties") from any and all claims, liability, injuries, losses, damages, or costs of any kind or nature (known or unknown) that arise from, are caused by, or are related in any way to the Programs. In addition, I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or cost which they may incur as a direct or indirect result of my participation in the Programs, including damage or destruction of ADRIA's equipment and property.

Should any disputes arise from my participation in any Program, I agree to work through the internal dispute resolution procedures of ADRIA. If these procedures do not lead to the resolution of the dispute, I agree to submit it to a board for binding arbitration and to abide by the decisions reached by such a board. The arbitration may take place wherever the parties mutually agree, but will be in Phoenix, Arizona if they do not agree otherwise, and in any case the laws of the state of Arizona will apply.

I, THE UNDERSIGNED, HEREBY AFFIRM THAT I HAVE READ, UNDERSTAND, AND WILL ABIDE BY EACH OF THE TERMS AND CONDITIONS OF THIS WAIVER AND RELEASE OF LIABILITY. I AM OF LEGAL AGE, OR HAVE OBTAINED THE SIGNATURE OF MY PARENT(S) OR LEGAL GUARDIAN(S), WHO BY HIS OR HER SIGNATURE AGREE TO BE LEGALLY RESPONSIBLE FOR THE OBLIGATIONS DESCRIBED HEREIN.

Print legal name: _____ Signature: _____ Date: _____

If applicant is a minor, Signature of Parent or Legal Designated Guardian

Parent/Guardian signature binds both the parent/guardian and the minor to the terms of this agreement.

Guardians must be legally authorized to act as such. Please attach copy of documentation.

If joining Adria or renewing your membership, select one: _____ Memberships are valid through March 31st.

Participating Member.

A single \$5 discount may be applied when proof is attached for: Active Military Full Time Student Senior Citizen (55 or older)
Renewing members must pay the full rate even if you have lapsed. All renewing members: \$30, or with proof of discount: \$25.
New members pay a prorated rate based on the month that they join. See chart below.

Additional Family Member. A cohabitating couple with the Participating Member or a legal dependent of that member per IRS tax code.

Primary Member Name: _____ Membership # if known: _____
Renewing members must pay the full rate even if you have lapsed. All renewing members: \$15.
New members pay a prorated rate based on the month that they join. See chart below.

Associate Member. Associate memberships are extended to the following groups listed below with proof of membership in that organization. Only valid if you attach proof of membership. Please indicate the group to which you belong to: SCA ECS RMS HEMA
Associate memberships are: \$25. NOTE: There is no prorated for joining mid-year for this type of membership. This is a discounted membership the same as Senior, Student or Military.

Lifetime Member. Lifetime memberships are non-transferable. Lifetime memberships are: \$300.

New Member Rates												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan*	Feb*	Mar*
New Participating Member	\$30	\$30	\$30	\$27	\$24	\$21	\$18	\$15	\$12	\$39	\$36	\$33
New Discounted Participating Member	\$25	\$25	\$25	\$22	\$19	\$16	\$13	\$10	\$7	\$34	\$31	\$28
New Family Member	\$15	\$15	\$15	\$14	\$12	\$11	\$9	\$8	\$6	\$20	\$18	\$17

*through the March 31st after the next March 31st

Make your check or money order payable to: **Adrian Empire, Inc.**

Send completed form with payment to:

Adrian Empire, Inc.
P.O. Box 11053
Glendale, AZ 85318



STEWARDS USE ONLY:

Received locally on: _____ by _____

Amount: _____ Check #: _____

Received Imperially on: _____ by _____