Wakefield Concert Band

RECORD OF MEMBERSHIP
AND INDEMNIFICATION AGREEMENT

[Please complete this form and give it to the band Secretary or another Officer. Thank you!]

_____ _____ _____

First Name | Last Name | Instrument

_____ _____

Primary Phone Contact | Alternate Phone [Optional]

_____ _____ _____

Primary Email | Alternate Email [Optional] | Approximate Date You Joined the Band

Mailing Address

_____

Street | Town | State | ZIP

INDEMNIFICATION AGREEMENT

I _____ agree to indemnify, and hold harmless the Wakefield Concert Band (WCB), its officers, and board members from any charges, claims, and losses which might occur through or as a result of my voluntary participation in sanctioned WCB events. Members under 21 years of age shall have a parent or guardian co-sign this Indemnification Agreement and Record of Membership.

_____ _____

Member Signature | **Date Signed**

For Members under 21: Parent / Guardian Signature

_____ _____ _____

Print Name | Signature | Date Signed