OLD PUEBLO LAPIDARY CLUB MEMBERSHIP FORM

	(Rat	tes Effective Febru	uary 1, 2024)	Date		
Name (First/last): _		Na	ame First/last):			
Address:						
City:			State:	Zip: _		
E-mail:			Phone	: ()		
MEMBERSHIP R			MEMBERS R	ENEWING	Note: Renewal	
Single Couple Juniors	<u>Jan - Jun</u> \$35.00 \$50.00 \$15.00	<u>Jul - Dec</u> \$20.00 \$35.00 \$10.00	\$30.0 \$45.0 \$10.0	00	apply for member returning to rejor regardless of the year.	in
Make	check out to O	PLC and mail to:	Old Pueblo La Attn: Member 3118 N. Dale Tucson, AZ 8	rship Chairp Avenue		
areas in whi	t function witho ch you are willi	es: out volunteers. Plong to help. Your von. Me can function	olunteer assista	ince is nece	box(es) indicatin ssary to the runr	g iing
() Class Ins	ing	() Junior Educ () Kitchen	Sponsor) (at meetings (cation () Librarian) Membersl) Newslette) Silent Au) Share exp) Other	r Contributor ction ertise	
Show Volunteer	<u>Opportunities</u>	<u>3:</u>				
Hobnob (early F	ebruary) ()Takedow	n				
Tucson Gem ar	d Mineral Sho Cab/Facetin	ow (early Februaring demos ()Ma) Takedowr	1	
		ng demos () Ma	anning booth () Takedowi	n	
Tell us about yours interests: (Also, w			•	ld, other		W. T.
						1 2

Note: Please also fill out page 2 of form....

Rocky Rockhound

OPLC Member Liability Waiver Statement

Consent to Treatment/Limitation and Waiver of Liability. I verify/certify that I, (we) (insert member name(s) here am physically and mentally able to participate in the lapidary activities at the Old Pueblo Lapidary Club (OPLC) and that I have been made aware all hazards which might relate to these activities. In the event of injury or accident, I hereby authorize the OPLC Monitors, Directors, Board members and/or other members to obtain and authorize any emergency medical treatment necessary for me. I acknowledge that lapidary work is potentially dangerous and in which injuries may occur in the normal course of pursuit of this hobby and I waive and release the OPLC its employees, agents, officers, Board members and members from any liability for injuries (including death) to myself arising from my participation in these activities. I further agree to assume all costs related to emergency medical treatment for myself which OPLC its employees, agents, Officers, Board members and staff may require and I authorize the disclosure of any medical information to my insurance carrier for the purposes of making claims for reimbursement. I also agree that all of the above mentioned members are not responsible for any lost or stolen items (including money, equipment, specimens, gems, jewelry, metals or other personnel belongings) before, during or after the lapidary activities at the OPLC facility. In consideration of my lapidary activities, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge in the OPLC its employees, agents, officers, Board members and members and their successors and assigns, of and from any and all claims and demands of every kind, nature, and character which I may have or hereafter acquire for any and all damages, losses or injuries which may be suffered or sustained by me in connection with my activities from which such remissions is granted and any period traveling to or from the OPLC events at the Club or any other OPLC facility or activity associated with OPLC and all such claims are hereby waived and released and I covenant not to sue therefor. Member's Signature _____ Date _____ Member's Signature _____ Date ____ Member's Telephone Number: ______ Member's Emergency Contact Name:_____ Member's Emergency Contact Number:

Revised: December 1, 2017 Revised: December 29, 2017 Revised: January 1, 2019 Revised: February 2, 2022 Revised: February 1, 2024