New Haven Camera Club – ANNUAL APPLICATION FOR NHCC MEMBERSHIP

Email this application form as a Word document to Susan Ferency at seferency@gmail.com then make payment of annual dues: Online Payment: use SQUARE OR

By mail: Mail a paper application form and a check payable to NHCC mailed to
Roland Levai 20 Newbury Court, North Haven, CT. 06473

Membership: ____ New__ Renewal

____ Individual $40 ____ Family $60 ____ Student $10 ____ Guest* $10 (one field trip)

New Members: How did you find us? Internet __ Word of mouth __ Friend __ Other ____

Name (s) _____

Address _____

City_____ State ___ ZIP _____

Telephone (C) _____ (H) _____ (W) _____

E-mail address(es): _____

I(we) are applying for membership in the New Haven Camera Club and I(we) understand that I(we) must be a resident of Connecticut (or student) in order to participate in competitions. NHCC members who move out of state may continue to compete. I(we) understand that the New Haven Camera Club may use my(our) images on its Blog, website, Instagram, or for image critiques, etc.

Competition Permissions:
Please list any other camera club(s) you belong to _____

NECCC and PSA rules require that only one camera club may use my images for interclub competitions. Please select one option below:

Therefore, NHCC ____ MAY use or _____ may NOT use my images for interclub competitions.

I hereby give permission for the Photographic Society of America (PSA) to display any of my images submitted through my camera club, New Haven Camera Club, for use in PSA inter-club competitions. I certify that I am the copyright holder of the images. I hereby agree that this work is my original work created solely by me and does not infringe on the copyrights, trademarks, oral rights, rights of privacy/publicity or intellectual property rights of any person or party. I hereby give permission for the Photographic Society of America to display such images on the PSA's own website and Vimeo. (Vimeo is used to display Best of Year movie presentations.) I retain copyright of the image(s) and these images may not be used by PSA for any purpose other than stated above without my additional explicit written permission. The PSA will not directly or indirectly post these images on any other websites such as social media sites without such written consent.

Name(print)_____ Signed_____ Date _____

Name(print)_____ Signed_____ Date _____

Risk and Liability

- **I understand that I should not come to in-person club events if I am sick.**

LIABILITY RELEASE: By attending a photography event, workshop, meeting, and/or outing ["Events"] sponsored by and/or organized with or by New Haven Camera Club (NHCC), I acknowledge that it is not without risk. I agree that NHCC and its directors, officers, agents, or assigns will not be held liable for injury, illness, accident, medical emergency, death or other related problems arising from the Event. I also agree to hold NHCC and its officers, members, or assigns harmless in the event I suffer equipment theft, damage or loss; memory card theft, damage or loss; data loss; and/or the loss of any other personal property or physical injury while attending any Event. I agree that NHCC and its officers, members, or assigns are not liable for acts by humans or of God that may occur during any Event, including, but not limited to: severe weather, earthquakes, volcanic activity, war, terrorism, riot or other civil unrest. BINDING ARBITRATION: I agree that any dispute relating to this Release and Assumption of Risk shall be resolved exclusively by binding arbitration according to the then existing rules of the American Arbitration Association in the state of Connecticut in which the NHCC operates.

ASSUMPTION OF RISK: As a participant in any Event, I acknowledge that I am expected to be in normal health and am willing to be responsible for my own actions. Although problems are extremely rare, photography events are not risk-free. I acknowledge that my participation in the events constitutes an awareness and acceptance of these risks. I assume complete and total responsibility for my own health, safety and well-being while attending any NHCC event.

KNOWING AND VOLUNTARY EXECUTION: I have carefully read and fully understand the contents and legal ramifications of this Liability Release, Assumption of Risk and Arbitration Agreement. I understand that this is a legally binding and enforceable contract and I sign it of my own free will. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Name (print)_____ Signed_____ Date _____

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