



Warwick Membership Form

Membership dues cover the dates of January 1st through December 31st of each year. Renewal/associate memberships are due by January 31st each year following the year one initially joins.

Please indicate:

O NEW PARTICIPATING MEMBERSHIP: New member rate - when joining during: Jan/Feb: \$50; Mar: \$46; Apr: \$42; May: \$38; June: \$34; July: \$30; Aug: \$26; Sep: \$22; Oct: \$18; Nov: \$14; Dec: \$10.

O RENEWAL MEMBERSHIP: Renewal member rate - \$20. Renewals are due by January 31st unless an extension is granted by the High Council.

O ASSOCIATE MEMBERSHIP: Associate member rate - when joining during: Jan/Feb: \$15; Mar: \$14; Apr: \$13; May: \$12; June: \$11; July: \$10; Aug: \$9; Sept: \$8; Oct: \$7; Nov: \$6; Dec: \$5.

O ADDITIONAL FAMILY GROUP MEMBER: (This Includes legal dependents of the participant's immediate family between the ages of 13 and 17.) **Family member rate** - \$15. (There is no fee for children under the age of 13 participating with a parent/guardian.) Note: There is an \$80 limit to the total price of a family group.

O NO THANKS. I do not wish to join Warwick at this time. **Enclosed is \$ _____** as a tax deductible donation to help Warwick's cause.

ONLY ONE PERSON PER FORM. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

Name: _____ Birth Date: _____

Persona Name (if you have one): _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone: (_____) _____

O Do not publish my contact information

MEMBERSHIP WAIVER/INFORMED CONSENT TO PARTICIPATE:

I, _____ (print legal name), as a condition of membership in WARWICK, do hereby agree to release, indemnify, and hold harmless WARWICK, its agents, and assigns from any and all claims, including property damage, injury, death, and mental or emotional distress I may receive by reason of participation in martial arts or other activities or events sponsored or arranged by WARWICK. I am fully aware that WARWICK activities are potentially dangerous and can result in serious harm. I understand that WARWICK does NOT provide full insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property. In consideration of my being permitted to take part in these activities, I agree to follow all WARWICK rules or directions of WARWICK officials regarding equipment, participation, or personal safety and voluntarily accept all risks associated therewith. Should any disputes arise from my participation in any WARWICK sponsored activity, I agree to work through the internal dispute resolution procedures of WARWICK. 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 at St. Luke's Episcopal Church, 3424 Forest Ave., Des Moines, Iowa 50311 if they do not agree otherwise, and in any case, the laws of the state of Iowa will apply. **THE UNDERSIGNED AFFIRMS THAT HE OR SHE HAS READ AND UNDERSTOOD THIS STATEMENT, AND AGREES THAT THIS IS A WAIVER OF ALL CLAIMS ARISING FROM PARTICIPATION IN EVENTS SPONSORED BY WARWICK TO THE EXTENT PERMITTED BY LAW.**

Signature of Member: _____ **Date:** _____

Signature of Parent or Legal Guardian (if applicant is a minor): _____ **Date:** _____

Note: Parental signature binds both the parent and the minor to the terms of this agreement. Guardians must be legally authorized to act as such. Please attach a copy of guardianship papers if applicable.

I am interested in joining (no extra cost for joining more than one division):

Renaissance Division

Civil War/Old West Division

Pirate Division

Either hand in or send completed forms & enclose your check or money order payable to **Warwick** to:

JoAnn Scharlau, 915 42nd St., Des Moines, IA 50312. Call Brian Scharlau at 515-577-5995 with any questions.

Rec'd locally on: _____ by: _____ Cash/Check#: _____ Amount: _____