



2020 Membership Application

Membership / Performance Fee (\$50)~

Event / Parade Support (n/c)~

(Rev. Jan-2020)

Privacy Note: Information being collected is for the sole use of Flaggots Ohio Director ONLY and will not be sold or distributed without your consent.

**** NOTICE TO ALL PARTICIPANTS ****

**** Prior to any participation with Flaggots Ohio, LLC activities, the following MUST BE SUBMITTED for approval: Facebook Profile and active participation in Private Facebook Flaggots Ohio Members Group; signed Membership Application; signed Release of Rights, Liability and Compensation Form; Health History Questionnaire (optional); and non-refundable \$50 Membership/Performance Fee for Performing Members! ****

Instructions:

Please visit Facebook and request to join the **Flaggots Ohio Members** private members group. All detailed rehearsal, performance, costume and event instruction will be distributed through this media so all members are required to actively participate on that membership page! Complete member information in the proceeding **Membership Application, Release of Rights, Liability and Compensation Form**, and optional **Health History Questionnaire**. **PRINT and SIGN EACH FORM!** Send/bring all forms and **non-refundable \$50 Membership/Performance Fee** to **Flaggots Ohio, LLC** 1790 Kenview Road Columbus, OH 43209. Applicants **may not** participate in FO Clinics, rehearsals or other Flaggots Ohio related events until final review and approval of all preliminary and application procedures. Thank YOU!

Member Information: (please PRINT legibly)

Full Name (First, Last)		Facebook User Name
Mailing Address		Date of Birth (dd/mm/*yyyy)
City	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL *T-shirt Size	
State	Zip Code +4	Home Phone
Occupation, Skill or Trade		Mobile Phone
Best Days/Times for Rehearsal		Mobile Phone Provider (i.e. Verizon)
Name of Partner / Spouse		Member Email Address

Membership Agreement:

By signing below, I acknowledge that I fully understand the intention of the Health History Questionnaire, have reviewed, signed and submitted all required Membership Forms, including the Release of Liability, Rights and Compensation Form. I agree to the terms and conditions offered to me by Flaggots Ohio, LLC as outlined in the Flaggots Ohio Membership Handbook, Facebook Private Membership Group, this Membership Application, and related Membership Documentation, including the acknowledgment of my independent purchase of required uniforms, equipment & travel, with full payment of all membership fees or equivalent service submitted to Flaggots Ohio, LLC no later than **May 25, 2020**.

Member Signature	Date
------------------	------

Flaggots Ohio Use Only:

Date Received / Init.	Date Approved / Init.	Date Confirmed / Method
-----------------------	-----------------------	-------------------------



Release of Rights, Liabilities and Compensation

(Rev. JAN2019)

Who we are and my role;

I understand that my participation in activities with Flaggots Ohio LLC, a color guard and performing arts organization consisting of straight, gay, lesbian, bisexual, and transgender members based in Columbus Ohio (USA) is completely voluntary and that membership is at will and subject to discontinuation or restriction at any time by Flaggots Ohio;

The right to perform and practice is not guaranteed;

I understand that at no time does Flaggots Ohio guarantee my participation in any activity including a right to participate in practices, rehearsals and performances;

Flaggots Ohio is not responsible for any injury, damage or loss of any type at any time;

I understand that physical and other risks, including without limitation those of property loss and damage and serious bodily injury, including permanent disability, blindness, paralysis, and death and dangers due to many factors exist with respect to the activities I choose to participate in, including without limitation my own actions or inactions, the actions or inactions of others participating in or viewing such activities, and the equipment, facility, lighting, surface, weather or other conditions;

I further understand there may be other risks, and social and economic losses, either not known to me or not readily foreseeable at this time;

Only you know if you are ready and capable of practicing or performing and your presence or participation implies that you are;

I understand the nature of the activities, including physical and non-physical demands and stress, and acknowledge my general health, physical condition, experience, capabilities and limitations, and represent and warrant that I am able to fully participate in such activities. If at any time I am not able to fully participate in such activities I will notify Flaggots Ohio LLC as soon as reasonably possible;

Only you know if you feel unsafe in any given situation;

If, at any time, I believe that the conditions surrounding any activity, including the actions or inactions of others, are unsafe to me, I will immediately discontinue further participation in such activity until a time I so choose;

I accept all risks associated with my participation and release Flaggots Ohio from all responsibility;

I fully accept and assume all of such risks and all responsibility for any losses, costs, expenses, liabilities and damages incurred as a result of or in connection with my participation in any way in such activity;

I hereby release, discharge, covenant not to sue and agree to hold harmless Flaggots Ohio LLC and its administrators, directors, agents, officers, volunteers, employees and members, all other participants in, sponsors of and advertisers for any activity, and all owners, operators, lessors and service providers of or for the premises in or on which any activity takes place (each, a "releasee") of, from and against any and all claims, actions, demands, losses, costs, expenses, liabilities or damages resulting or arising from, or incurred in connection with, any activity (each, a "claim"), including without limitation any claim caused, resulting or arising from, or alleged to be caused, resulting or arising from, in whole or in part, the negligence of any releasee.

I further agree that if, despite this release, I or anyone on my behalf makes a claim against any releasee, I will indemnify, save and hold harmless such releasee of, from and against any loss, cost, expense, damage or liability that such releasee may incur as a result of, arising from or in connection with such claim, including without limitation any attorneys' fees or other costs or expenses of litigation.

I understand that my privacy is not guaranteed;

I am aware that any activity may be conducted on spaces and/or in facilities open and/or viewable to the public;

I give Flaggots Ohio permission to record/document my participation;

Further, I hereby grant full permission for Flaggots Ohio LLC to record any or all of my participation in activities for photos, motion pictures, TV, radio, recordings, videotapes, and other media known or unknown, and to use them for publicity, promotions, advertising, trade, or commercial purposes without any reimbursement or fee of any kind.

I understand I am a Volunteer and not entitled or guaranteed payment or benefits;

All persons acting or serving as a member of the organization, regardless of membership classification, including performing, support, affiliate, alumni or other status are volunteers, are not considered employees for any purpose, must not represent themselves as employees, are not covered by employment standards and are not entitled to or guaranteed to receive any payment or benefits as a result of this voluntary arrangement. Any monies paid, provided or donated by the organization to an individual member to offset individual member costs or to reimburse the member for expenses do not affect or change this voluntary arrangement. Exceptions shall be mutually agreed upon by the organization and member and communicated through a written contract signed by the Director and the member.

At times members may be hired directly by other individuals or entities to perform in a professional (paid) capacity using skills and knowledge gained through their membership. In this special circumstance, all monies earned or agreed upon as payment for their professional services will be the responsibility of the hiring party. Flaggots Ohio shall have no liability in this situation.

I understand the content and meaning of this document; I agree and sign it freely;

I have read this agreement, fully understand its terms and understand that I have given up rights by signing it. I have signed this agreement freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all claims and liability to the greatest extent allowed by law, and agree that if any term or condition herein is held to be invalid or unenforceable for any reason, that all other terms and conditions hereof shall continue in full force and effect. I attest that I do not have any legal conditions placed upon me or requirements of me that prevent me from signing this release.

I understand the contents of the Membership Handbook may be changed or removed at any time without notice.

The current and latest official version of the membership handbook is available on the Facebook Flaggots Ohio Members page under Files. I understand it is my responsibility to read and understand the contents of the current Membership Handbook and its guidelines, policies and standards.

The intent of this Release shall remain in effect

If any part of this Release is determined to be invalid or unenforceable pursuant to applicable law, then the invalid or unenforceable provision will be deemed superseded by a valid, enforceable provision that most closely matches the intent of the original provision and the remainder of this Release will continue in effect.

Address: _____
City, ST Zip: _____
Home Phone: _____
Mobile Phone: _____

Signature: _____
Name: (Printed) _____
Date: _____
Email: _____

INSTRUCTIONS: Please print and bring this page with you if you plan on paying performance fees **in person**. The person receiving funds for Flaggots Ohio Ohio, LLC. will verify all data, initial both copies, then give you the **BOTTOM** portion for your records. **THANK YOU** for your interest in...**FLAGGOTS OHIO!**

FUNDS RECEIVED			
Flaggots Ohio, LLC 1790 Kenview Road Columbus, OH 43209			Cash
			Check
			Paypal
DATE	DESCRIPTION	AMOUNT	AMOUNT
	Rehearsal Flag	\$ 15 -	
	Support T-shirt	\$ 15 -	
RECEIVED BY:	Performance T-shirt	\$ 15 -	
	Performer Dues (includes 1 T-shirt)	\$ 50 -	
	Sponsorship	\$	
	Other	\$	
<i>(initial)</i>	<i>(FO Copy)</i>	TOTAL:	

tear/cut here

FO: Please **CHECK** the method of payment that is received, verify or fill out **BOTH** portions of this form, separate along the center line, give **LOWER** portion to payee, and staple **UPPER** portion to Membership Application & Release of Rights, Liability & Compensation Form.....**THANK YOU!!!**

RECEIPT			
Payee Name:		Flaggots Ohio, LLC 1790 Kenview Road Columbus, OH 43209 614-562-6288 (c)	
Address:			
City, State, Zip:			
Phone:			
DATE	DESCRIPTION	AMOUNT	AMOUNT
	Rehearsal Flag	\$ 15 -	
	Support T-shirt	\$ 15 -	
RECEIVED BY:	Performance T-shirt	\$ 15 -	
	Performer Dues (includes 1 T-shirt)	\$ 50 -	
	Sponsorship	\$	
	Other	\$	
<i>(initial)</i>	<i>(Member/Sponsor Copy)</i>	TOTAL:	

DO NOT PROCEED!!!

...until you have read this page entirely and understand the intent and expected use of the **Health History Questionnaire** that follows. This document is only being offered as an optional benefit for Performing and Support Members of Flaggots Ohio and is **NOT REQUIRED** for membership eligibility. ...*THANK YOU*

Intention / Process:

Due to the nature of our Organization (*tossing large 12-lb objects into bright sunlight*), Flaggots Ohio offers this Form and Process as a means to relay medical information to a Paramedic or other Emergency or Medical Professional in the event of a situation where a member is unable to reply or respond to questions asked of him/her (*e.g. knocked unconscious by fly-away rifle*). If this were to occur, we will attempt to call 911 or notify local emergency responders and request help. If the member submitted a sealed envelope containing the documents that follow, that envelope would then be given to the emergency responders.

Instructions:

1. **PRINT** the forms (*3 pages*)
2. **COMPLETE** the forms
3. **SIGN** and **DATE** the last page (pg 3)
4. **FOLD** and insert the forms into the envelope that was provided to you in the Membership Package. You may also want to consider including a copy of your *Health Insurance Card* and *Drivers License* as well.
5. **SEAL the envelope.**
6. **SECURE** the seal with the **FO Label** provided.
7. **PRINT your NAME** on the **STICKER/LABEL**.
8. **RETURN** sealed envelope to **Gerald Arnold**.

It is our intent that the information contained in the Health History Questionnaire and the sealed envelope will remain **CONFIDENTIAL** and will NOT ordinarily be accessible by the members of Flaggots Ohio! Only the Director, or designee, and members of our Health and Safety team are authorized to access these. It is our intention to have the sealed envelopes available at most, if not all Flaggots Ohio rehearsals and performance events in case of an emergency. ALL envelopes will be destroyed at the end of the performance season to ensure confidentiality.

The consideration of Performer and Audience Safety is a large contributor in the choreography and staging process of FO's Creative Design Team! The Health History Questionnaire and process is just one more way to show our concern with hopes of adding "value" to both Membership and Performance experience.

THANK YOU for your interest in . . . **Flaggots Ohio.**



Original Date: ____ / ____ / ____

Dates Revised: ____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

HEALTH HISTORY QUESTIONNAIRE

All information contained in this questionnaire is strictly confidential and will only be accessed in an emergency situation by the Guard's Directors or by a Licensed/Certified Health Professional.

Name: _____ M F DOB ____ / ____ / ____
(Last, First, M.I.)

Address: _____

Marital Status: Single Partnered Married Separated Divorced Widowed

Family Physician: _____ City: _____ Phone: _____

PERSONAL HEALTH HISTORY

Childhood Illness: Measles Mumps Rubella Chickenpox Rheumatic Fever Polio

Immunizations and Dates: Tetanus _____

List Any Medical Problems That you have: _____

Surgeries:

Year	Reason	Hospital

Other Hospitalizations:

Year	Reason	Hospital

Have you ever had a blood transfusion? Yes No

Please turn to next page

All questions contained in this questionnaire are optional and will be kept strictly confidential.

List Your Prescribed Drugs and Over-the-Counter Drugs, Such as Vitamins and Inhalers:

Name the Drug	Strength	Frequency Taken

Allergies to Medications:

Name the Drug:	Reaction You Had

Other Allergies:

	Reaction You Had

HEALTH HABITS AND PERSONAL SAFETY

Exercise: Sedentary (No exercise) Mild Exercise (i.e., climb stairs, walk 3 blocks, golf)
 Occasional Vigorous Exercise (i.e., work or recreation, less than 4x/week for 30 min.)
 Regular Vigorous Exercise (i.e., work or recreation 4x/week for 30 minutes)

Diet: Are you dieting?..... Yes No
If yes, are you on a physician prescribed medical diet? Yes No

Caffeine: None Coffee Tea Cola # of Cups/Cans Per Day? _____

All questions contained in this questionnaire are optional and will be kept strictly confidential.

Alcohol: Do you drink alcohol? Yes No

Tobacco: Do you use tobacco? Yes No
 Cigarettes - Pks/day _____ Chew - #/day _____ Pipe - #/day _____
 Cigars - #/day _____ # of Years _____ or Year Quit _____

All questions contained in this questionnaire are optional and will be kept strictly confidential.

Drugs: Do you currently use recreational or street drugs? Yes No
Have you ever given yourself street drugs with a needle? Yes No

All questions contained in this questionnaire are optional and will be kept strictly confidential.

OTHER PROBLEMS

Check if you have, or have had, any symptoms in the following areas to a significant degree and briefly explain.

- | | | |
|--|--|---|
| <input type="checkbox"/> Skin _____ | <input type="checkbox"/> Back _____ | <input type="checkbox"/> Energy Level _____ |
| <input type="checkbox"/> Head/Neck _____ | <input type="checkbox"/> Intestinal _____ | <input type="checkbox"/> Ability to Sleep _____ |
| <input type="checkbox"/> Ears _____ | <input type="checkbox"/> Bladder _____ | Other Pain/Discomfort: |
| <input type="checkbox"/> Nose _____ | <input type="checkbox"/> Bowel _____ | _____ |
| <input type="checkbox"/> Throat _____ | <input type="checkbox"/> Circulation _____ | _____ |
| <input type="checkbox"/> Lungs _____ | Recent Changes In: | _____ |
| <input type="checkbox"/> Chest/Heart _____ | <input type="checkbox"/> Weight _____ | _____ |

EMERGENCY CONTACT:		
Name	Relationship	Contact Information

Signature: _____

Date: _____

By signing this form, I understand that all information contained in this questionnaire is strictly confidential and will only be accessed in an emergency situation by the Guard's Directors or by a Licensed/Certified Health Professional. This form will be kept in a sealed envelope and only opened by the guard's directors or a Licensed/Certified Health Professional in a situation of illness or injury that would disable me from communicating my needs. I understand that the inability to communicate my needs based on injury or illness warrants the need to access emergency medical care (911) and this form will be used provide medical professionals information that may help expedite my treatment.

I also understand that I may leave portions of this questionnaire blank and only choose to volunteer information that I feel necessary a for medical professional to know in an emergency situation. I may also add more information that I feel would be necessary for a medical professional to know to expedite treatment.