



The Krewe of Priscus Membership Application

Full Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Occupation _____ Employer _____

PLEASE COMPLETE ALL INFORMATION ON THIS APPLICATION

Membership dues are collected from July 1st thru July 31st. Any membership not fully paid by July 31 of fiscal year will exempt applicants from Krewe Status.

I fully understand that there are absolutely NO REFUNDS.

I, the undersigned, agree and do hereby release THE KREWE OF PRISCUS their representatives, officers, and volunteers from any liability for the injury or harm to myself which may occur as a result of my participation in their Mardi Gras Parades or Krewe events. I have been informed of all necessary safety precautions and have been advised that there can be no guarantee that my participation in the parades or Krewe events is entirely risk free. I, there-fore, agree to assume the risk of any injury which may occur to myself.

I acknowledge that I have had the opportunity to ask questions concerning safety precautions to be taken during the parades or events and that these questions have been answered to my satisfaction.

Wherefore, said member of THE KREWE OF PRISCUS hereby agrees that it has been explained to him/her all rules and regulations governing behavior and hereby agree to follow these rules and regulations. In consideration of approval as a member I assume all risks associated with participation in the parades and associated activities and agree to release THE KREWE OF PRISCUS its directors and members from any and all damages or losses sustained by myself as a result of my participation in the parades and related activities.

I have read this document, or it has been read and explained to me and I understand fully and completely all of the terms and provisions thereof.

DATE: _____ (PRINTED NAME) _____

(SIGNATURE OF APPLICANT) _____

KREWE OF PRISCUS RELEASE

Thank you for joining **THE KREWE OF PRISCUS!** Please remember that membership dues are collected from July 1 through July 31 each year that you are a member. Any membership dues not fully paid on July 31 of each fiscal year will automatically terminate your membership with **THE KREWE OF PRISCUS.**

By signing where indicated below, you acknowledge, fully appreciate, and agree to the following:

1. That there are absolutely **NO REFUNDS** regardless of the **REASON(S)**.
2. That before accepting membership to **THE KREWE OF PRISCUS**, I acknowledge and represent that all rules and regulations governing appropriate behavior have been fully explained, and I hereby agree to follow these rules and regulations.
3. That I have been **specifically** informed of any and all necessary safety precautions and have been further advised that there can be no guarantee that my participation or attendance in any **MARDI GRAS** parade, **KREWE** event, or any associated activities is entirely risk free. I also acknowledge and represent that I have had the opportunity to ask any and all questions concerning any possible safety precautions to be taken during any **MARDI GRAS** parade, **KREWE** event, or any associated activities, and that these questions have been fully answered to my complete satisfaction.
4. That in consideration of approval as a member, I fully assume any and all risks associated with my participation or attendance in any **MARDI GRAS** parade or **KREWE** event, and agree to release, indemnify, and hold harmless, **THE KREWE OF PRISCUS**, its agents, representatives, officers, directors, and volunteers from any and all damages of any kind, including but not limited to, property damage, or any injury or harm to myself or minors in my care as the result of my being in attendance or participating at any **MARDI GRAS** parade, **KREWE** event or any associated activities.
5. That I further acknowledge and understand the terms and conditions set forth herein shall apply to **each and every year** for which I am a member of **THE KREWE OF PRISCUS.**

Signature _____ Signature _____

Printed Name _____ Printed Name _____

Date _____ Date _____