



Wowser
 330 East Commercial Street
 Willits, CA 95490
 (707) 459-9697

Membership Application

Personal Information			
Name [First Last]		Age	
Nickname		Date of Birth	____/____/____
Address		School (if enrolled)	
City, State, Zip		Grade or Level	
Best phone			
Alternate Phone			
Email			
Emergency and Medical Information			
Health Information: Include details for any that are checked, use the back if necessary	<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies <input type="checkbox"/> Medications <input type="checkbox"/> None <input type="checkbox"/> Other conditions that may limit my ability to operate machinery or otherwise participate		
My driver's license requires that I wear corrective lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact		Phone	
Relationship			
What would you like to LEARN What would you like to MAKE What would you like to TEACH			

CONSENT AND RELEASE FORM

PLEASE READ CAREFULLY AND ACKNOWLEDGE THAT YOU UNDERSTAND BY SIGNING BELOW.

WOWSER LLC, (hereafter referred to as WOWSER) is a membership based manufacturing facility that provides a unique working/learning experience. I agree to participate in the programs hosted by WOWSER. I understand fully that all phases of WOWSER programs are hazardous. I understand the dangers presented when working in an industrial arts environment. Prior to being given permission to participate in these programs, I will receive shop safety information and instruction in the appropriate rules and practices which apply to the shop materials and equipment used as part of these programs. I agree that I am participating at my own risk and even with a strict safety protocol accidents sometimes happen. I will hold harmless WOWSER, Caicos Investments Inc., WOWSER members and all others from accidental or negligent acts or omissions.

I, _____, hereby verify on this day that I am at least 18 years of age, and agree to provide any necessary identification upon request.

I agree to observe all safety and conduct rules established by WOWSER. I understand that violations of these rules may result in suspension from participation or expulsion from WOWSER programs and premises. At any time, at WOWSER's sole discretion, I may be removed from WOWSER. Dismissal from Wowser requires immediate return of any badges or tools issued and departure from the premises. WOWSER will not refund any fees paid if the above happens.

I have read the terms above, these matters are understood and I agree to them. _____ (initial)

I agree that WOWSER programs may be audio or videotaped, or photographed, for the purpose of documentation and promotion. I waive all rights to being recorded. These tapes and/or photographs are the property of WOWSER, exclusively. WOWSER may, make any use of such tapes and/or photographs without payment to the participant. (continued)

I am in good physical and mental condition; fully capable of participating in WOWSER's programs. I have no conditions which might impair my abilities, except as may be noted on a separate form and approved in advance by one of WOWSER's Senior Members. Also, I am taking no medications that might affect my abilities to participate in these programs. I have been advised that WOWSER has a firm policy of no smoking, alcohol, altered states or drug use on its premises and I agree to abide by this policy.

To the maximum extent permitted by law, I hereby assume any and all of the risks attendant with my participation in WOWSER's membership, machinery operation and/or programs. Further, to that same legal extent, I hereby agree to hold harmless and release WOWSER LLC, Caicos Investments Inc., and other members from any and all claims for injury, loss or damage whatsoever that I might sustain while participating in any activities at WOWSER. And, I hereby agree to indemnify them and hold them harmless of and from any such claims, including claims of others, which are based in any part on my conduct. I make these agreements in consideration of my being offered this opportunity at WOWSER.

This document is a general release and membership application. Additional documents may be required for participation in specific programs.

I have read this document completely and understand it fully.

By signing below, I agree to be bound by this agreement.

Applicant (Print Name:) _____ Signature: _____

Wowser LLC, by: _____ Date: _____

NOT VALID UNLESS SIGNED ABOVE BY WOWSER

To be completed by WOWSER Staff

Fee: \$ _____	<input type="checkbox"/> k-Check to WOWSER <input type="checkbox"/> s-Cash <input type="checkbox"/> cc-Card <input type="checkbox"/> Promo (explain)
Work Trade (describe):	
Member Initial _____	YOUR WORK TRADE IS INVALID UNLESS COMPLETED BY THIS DATE _____
Safety Class Start Date:	
Safety Class Passed Date:	
Badge ID:	