



PHILIP SIMMONS ARTIST BLACKSMITH GUILD – MEMBERSHIP APPLICATION

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____ Sponsor: _____

Our Dues are \$20.00 per year. Please print this form and mail cash, check, or money order to the Treasurer:

Ray Pearre

4605 Durant Ave

North Charleston, SC 29405

Make your check or money order out to "PSABG"

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I acknowledge that blacksmithing and related activities are inherently dangerous and involve risks and dangers to participants and spectators that may result in serious injury or death. I have considered these risks and knowing assume them. I agree that I am responsible for my own safety during Guild events, including wearing appropriate clothing and protective gear and remaining a safe distance from all dangerous activities. I agree to hold Philip Simmons Artist Blacksmith Guild, Guest demonstrators, and instructors harmless from liability and expenses arising out of my actions or omissions.

Signature: _____ Date: _____

Revision Date: 02/13/2025