



## PHILIP SIMMONS ARTIST BLACKSMITH GUILD – MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Our Dues are \$15.00 per year. Please print this form and mail cash, check, or money order to the Secretary/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: 9/9/2021