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1714 COUNTY ROAD 1, SUITE 23, DUNEDIN, FLORIDA 34698 -- (727) 230-2667

**Dear Arts Supporter,**

On behalf of the members of the Showcase Arts Foundation (SAFI), we would like to thank you for your interest in becoming a voting member of our association. You'll find that the Showcase Arts Foundation is different. We are a non-profit, registered charity dedicated to preserving and protecting the arts and arts education in our communities.

The Showcase Arts Foundation was born in the summer of 2008 as an outlet for arts education and events in the Tampa Bay area. Through the workings of our Board of Directors and founding members, we have realized that goal and are moving steadily towards our promise of enhancing theater and cultural arts right in our own neighborhoods.

Awareness and appreciation of the arts and the creativity and imagination it inspires is pivotal to the success of businesses, school districts, governmental agencies, non-profits, and the communities in which we live, work, and play.

With the support of people just like you – business owners, neighbors, friends, family, public officials, and theater organizers, we'll be able to continue to move towards our dream of providing education and training to the community's arts supporters and students.

Your membership pledge is an integral part of achieving our goals. As a voting member, you will receive a full year of member benefits, such as workshops and ticket discounts. You will also receive our members-only newsletter which will keep you notified of upcoming arts and cultural events in the community. As a member, you will also be invited to participate in the planning of SAFI events. And, a portion of your SAFI membership may be tax deductible.

Again, thank you for your interest, and we look forward to working with you.

Mathew J. Eberius, President  
Alicyn Weber, Vice President  
Beth A. Long, Secretary-Director  
LeAnn McDonald, Director

Lil Barcaski, Creative Director  
Stephanie Joines, Director  
Mary Locarni, Treasurer-Director

Thank you for joining the Showcase Arts Foundation! Please complete the following for our records.

*We will never sell or use your personal information for commercial marketing purposes.*

Questions? Call President Mathew Eberius (727-488-2423) or Creative Director Lil Barcaski (727-348-6682).

Type of Membership:  Individual  Family

**Name of Primary Member:** \_\_\_\_\_ \$ 25.00

Additional Members (**\$10 each**; must reside in same household as Primary Member):

Name	Relationship	Cost
Total:		\$

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Are you a business owner?  No  Yes: \_\_\_\_\_

Summarize your theater experience, if any:

**What areas are you interested in? (Please check all that apply)**

- Acting
- Directing
- Creative Writing
- Lighting
- Costumes
- Props
- Set Design/Construction
- Sound Operation
- Stage Management
- Backstage Support
- Publicity
- Music
- Theater Administration
- Acting Classes/Workshops
- Non-Profit Fundraising
- Event Coordination / Hospitality
- Marketing / Publicity
- Other: \_\_\_\_\_

SHOWCASE ARTS FOUNDATION, INC.  
Standard Release & Waiver for Participation

I, \_\_\_\_\_ hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Showcase Arts Foundation, Inc. (SAFI), their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

I am fully aware of the risks and hazards connected with participation in with the Showcase Arts Foundation, Inc. and its troupes and I am aware that such activities include the risk of injury and possibly death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that SAFI does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida and that any mediation, suit, or other proceeding must be filed or entered into only in Florida and the federal or state courts of Florida. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.**

\_\_\_\_\_  
Primary Member

\_\_\_\_\_  
Additional Member

\_\_\_\_\_  
Additional Member

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Additional Member

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Additional Member

\_\_\_\_\_  
Additional Member