



FRIENDS OF SIERRA ROCK ART

P.O. Box 1409, Nevada City, CA 95959

<http://www.sierrarockart.org> info@sierrarockart.org

MEMBERSHIP APPLICATION

DATE: _____

NAME (S):

LAST _____ FIRST _____ MIDDLE INITIAL _____

LAST _____ FIRST _____ MIDDLE INITIAL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE NUMBERS: HOME (____) _____ WORK (____) _____

OTHER (____) _____

MEMBERSHIP DUES: _____ \$15.00 INDIVIDUAL, OR _____ \$25.00 FAMILY/COUPLE
 PLEASE MAKE CHECKS PAYABLE TO FSRA. DUES ARE FOR THE CALENDAR YEAR.

For anyone who joins after June, the dues will be reduced by 50%.

FSRA is not for profit. All proceeds are used to cover expenses and contributions to rock art projects.

All members are encouraged to actively participate in FSRA committees.

Please check committees/activities you might be interested in helping with:

Education _____	Site Monitoring _____	Public outreach/May Events _____
Outings _____	Site Advocacy _____	Membership _____
Web Site _____	Site Recording _____	Historian _____
Other _____		

All FSRA members are required to read and agree to the FSRA code of ethics.

All FSRA members attending outings must read and agree to the FSRA outings policy. Agreement is implied by participation.

Dues must be paid current to attend outings.

All person participating in FSRA activities are required to sign a release of liability

Code of Ethics

Members of Friends of Sierra Rock Art and guests shall adopt and promote a preservationist and conservationist ethic in regard to rock art and all other archaeological resources.

Persons participating in FSRA activities:

- (1) Will observe all applicable local, state, federal, and international antiquities laws.
- (2) Will not damage or disturb archaeological sites or features in any way, and not collect or damage artifacts.
- (3) Will not damage or disturb locations used by Native Americans for ceremonial or traditional cultural activities.
- (4) Will honor the confidentiality of site locations by adopting a nondisclosure approach.

Membership in good standing in Friends of Sierra Rock Art is contingent upon compliance with this Code.

By signing my name below I agree to follow the FSRA Code of Ethics.

SIGNATURE (S): _____

RELEASE OF LIABILITY – ADULT

FRIENDS OF SIERRA ROCK ART (FSRA) is a *volunteer organization* operating for the purpose of helping to provide stewardship of Native American petroglyph and pictograph sites located in the region of the Sierra Nevada Mountains and elsewhere. In furtherance of its purpose FSRA sponsors field trips to various locations and other activities.

I (we) wish to participate in such field trips and other activities and understand the potential dangers incidental to participation in such activities, including outdoor activities.

In order to obtain permission from FSRA to participate in FSRA activities, I voluntarily release FSRA from any and all liability for personal injury, property damage, or wrongful death arising out of or in connection with my participation in FSRA field trips and other activities.

Neither I nor my heirs will prosecute any claim for personal injury, property damage or wrongful death, against FSRA, its directors, members, guests, or agents, whether or not such claim arises out of negligence of said persons. If any person prosecutes a claim against FSRA which arises out of or is in connection with my participation in any FSRA activity, I/we (or my/our heirs) will indemnify FSRA and hold FSRA harmless from any such claim.

IT IS MY INTENTION TO EXEMPT AND RELIEVE FROM LIABILITY FSRA, ITS DIRECTORS, MEMBERS, GUESTS, AND AGENTS, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

I HAVE READ THE ABOVE, UNDERSTAND AND ACCEPT ITS CONTENTS.

SIGNATURE(s) ADULT Participant(s)

PRINT Name(s)

Date:

IN CASE OF MEDICAL EMERGENCY FSRA SHOULD NOTIFY (name, address, phone number, relationship to you):

MINOR'S RELEASE OF LIABILITY

I have read the RELEASE OF LIABILITY, understand and accept its contents for the below named minor(s) under the age of 18. I am the parent / legal guardian of:

PRINT MINOR'S NAME(s)

SIGNATURE of PARENT / Legal Guardian: PRINT Your Name
(Version 5-04)

Date