



BESS Contributorship Application/Renewal

This is a (circle one): **New Application** **Renewal**

For Renewals, please enter your contributor number (if you know it). For New Applications, a Contributor Number will be assigned.

Contributor Number	
--------------------	--

Date _____

Name _____

Scene Name _____

E-mail Address _____

May we contact you via email (circle one)? Yes No

Would you be interested in volunteering (circle one)? Yes No

****For demographic information only (optional):**

State _____

Zip _____

How did you hear about BESS? _____

Special instructions to the Database Manager _____

By completing and signing this application, I agree to the following: I am at least 19 years of age. By my signature, I hereby assume all risks incidental to my attendance at **BESS** events. I agree to abide by the Safe Space Policy, and all **BESS** Bylaws, Policies and Procedures, and to obey all published Event Rules. I agree to hold harmless **BESS, Inc.**, its Board of Directors and Officers, and their agents, assigns and successors, and the owners, managers, employees and agents of any facility in which **BESS** hosts an event for any injury to person or property which may occur incident to my attendance at a **BESS** event. I agree to limit disclosure of **Confidential Information** within **BESS** to its directors, officers and contributors having a need to know and shall not disclose **Confidential Information** (including but not limited to contact and other identifying information of other Contributors) to any third party without prior written consent of the **BESS** Board of Directors. I swear/affirm that I am not a registered sex offender in any jurisdiction. Any falsification of this form or of the signatures will result in termination of contributorship. Contributorships are not transferable or refundable.

Signature: _____

BESS Representative checking Identification: _____ ID Type: _____