



# MYSTIC KREWE OF THE SEAHORSE

## APPLICATION FOR MEMBERSHIP

Please mail membership forms and payment to  
**MKOTSH Treasurer, 998 A Highway 90, Bay St. Louis, MS 39520**  
 228-216-6416 · mkotshtreasurer@gmail.com

**Term of Membership: Calendar year - January to December \* \$50 Per Person**

**MEMBER #** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_ **SUFFIX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**SPOUSE'S INFORMATION IF ALSO BECOMING A MEMBER**

**MEMBER #** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_ **SUFFIX:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**Dues \$50 Per Person X** \_\_\_\_\_ **= \$** \_\_\_\_\_ **Total Amount Paid**

### COMMITTEE INTERESTS

Would you like to help with the events? Please mark all interests and we will contact you.

General:	Inspection Ball:
Membership Meetings: _____	Decorations:____ Setup: ____ Breakdown: ____
Parade	Pirate Day in the Bay
Parade Committee: _____	Pirate Day Festival Committee: _____
	Vendors:_____ Kid Zone:_____
	Pirate Cruise:_____ Entertainment:_____
	Jail:_____ Scavenger Hunt:_____

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Membership is subject to approval by the Mystic Krewe of the Seahorse Board of Directors. Member applications will be reviewed at each monthly board meeting. New members will be notified when their application is accepted.



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228-216-6416  
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**INDEMNITY AND HOLD HARMLESS AGREEMENT**

For and in consideration of allowing the undersigned to take part in and participate in the **MYSTIC KREWE OF THE SEAHORSE**, **MYSTIC KREWE OF THE SEAHORSE, Inc., the Krewe, the MYSTIC KREWE OF THE SEAHORSE-** Bay St. Louis Downtown and Depot District Lundi Gras Parade and any other **MYSTIC KREWE OF THE SEAHORSE** activity I/we do hereby personally, for myself, my heirs, dependents, and anyone who would benefits from me hereunder by the laws of the State of Mississippi, agree to indemnify, hold harmless, defend and save the **MYSTIC KREWE OF THE SEAHORSE/The Krewe**, its officers, members, directors, employee, volunteers and affiliates for, from and against any and all liability, claims, damages, costs, losses and expenses, either directly or indirectly from:

1. Injury to or death of any person, including float riders, drivers, passengers, spectator, Krewe members, and/or anyone riding on or with me in said **MYSTIC KREWE OF THE SEAHORSE** parade or activity; and/or
2. Any and all damages to or destruction of anyone’s property or loss of use thereof which arises out of or in connection with participation in the **MYSTIC KREWE OF THE SEAHORSE** parade or any other Krewe activity, and directly or indirectly derived from the activity, the Krewe’s planning, conducting, directing and/or sponsoring, or otherwise running the Krewe’s Lundi Gras Parade in Bay St. Louis, including, but not limited to activities of driving to and from the parade or other activities; and further.
3. **That the undersigned, by signing and executing this document, further agrees to indemnify and hold harmless the City of Bay St. Louis, due the City’s allowance of the Krewe to sponsor the events, its and the City’s officers, officials, employees, agents and representatives resulting from my activities with the MYSTIC KREWE OF THE SEAHORSE/ The Krewe.**

**PHOTO RELEASE WAIVER**

I hereby grant permission to Mystic Krewe of the Seahorse to use photographs and/or video of me that is taken at any MKOTSH events, including but not limited to, print publications, advertising, news releases, MKOTSH website, and content on all MKOTSH social media accounts.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature