

ADMINISTRATION ONLY:

ACCEPTED BY: _____

DATE: _____

MEMBERSHIP # _____

AMOUNT: _____ METHOD _____ CASH: _____ EB CC- ONLINE: _____

NOTES: _____

Guest: _____ ONE DAY MEMBER _____ ANNUAL MEMBER _____ UPGRADED TO ANNUAL _____ VIP _____ EXP DATE: _____

CLUB KINK JACKSONVILLE - 2020

_ CLUB KINK JACKSONVILLE. A PRIVATE, SOCIAL ADULT LIFESTYLE CLUB with "RULES"

* Membership is Required for "MEMBERS CLUB HOURS" and PLAY EVENTS

MEMBERSHIP REQUIREMENTS:

*Attend ONE Orientation *NOT be a Registered Sex Offender * VALID ID, Proof of age. OVER 21

*Respect all Persons and Property, AT ALL TIMES. CKJ has the right to refuse anyone at any time!

*VALID ID: * A COPY OF YOUR ID MUST BE ATTACHED TO THIS APPLICATION.

PROFILE ON AFFILIATED SITE (CIRCLE ONE):

FETLIFE SLS SWINGERS DATE CLUB- SDC AFF MEETUP SWINGTOWNS OTHER _____

*PROFILE – (USER) NAME _____

*EMAIL ADDRESS: _____ *AGE: _____

PLEASE PRINT NAME CLEARLY:

* LEGAL NAME: _____

* ADDRESS: _____

Phone: _____

PLEASE READ AND INITIAL THE FOLLOWING:

___ I HAVE ATTENDED AN ORIENTATION / SOCIAL and I am qualified to apply for Membership

___ I KNOW AND HAVE READ CLUB KINK JACKSONVILLE'S RULES AND WILL FOLLOW THEM. (copy provided to member)

___ The information I provided is correct and true. I do NOT have any REGISTERED SEX OFFENDER convictions at this time within the USA. A RSO WILL BE DONE TO VERIFY. NO REFUNDS ARE PROVIDED. This membership can be revoked at any time.

___ I understand that participation or involvement in (activity, event, program, etc.) carries with it the potential for certain risks, some of which may not be reasonably foreseeable. I further acknowledge that these risks could cause me or others around me harm, including but not limited to bodily injury, damage to property, emotional distress, death, and I agree not to hold responsible Club Kink Jacksonville, KAT Productions LLC or any of their affiliates. I am a willing participant at Club Kink Jacksonville and will sign a Hold Harmless Release (sign-in) at EVERY VISIT/ MEMBERSHIP.

I certify that by signing this, my information will be kept confidential and not shared with anyone outside of CKJ Admin Staff.

SIGNATURE: _____

DATE: _____