

# Membership Form

Name: \_\_\_\_\_ Sex: F M Birthday: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

FEE: **\$20** (over 90 is free) \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Chq # \_\_\_\_\_ Member # \_\_\_\_\_  
Payable by Cash or Cheque

**RELEASE and WAIVER**

I have read and understood the Agreement on the back of this form and I am aware that by signing this agreement, I am waiving certain legal rights which I, or my heirs, next of kin, executors, administrators, assignees, and representatives may have against the releases.

Signed this day \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
MEMBER WITNESS

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_  
MEMBER WITNESS



Leisure & Social Activities			Volunteer Opportunities	
Billiards		Parties		Office
Bowling		Bingo		Kitchen Prep
Bridge		Table Games		Fundraising
Quilting		Yoga		Phoning
Crafts		Walking		Library
Tours		Dancing		Special Events
Other:		Painting/Drawing		

## **RELEASE OF LIABILITY**

### **CAMPBELL RIVER SENIORS' CENTER SOCIETY**

#### **BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY.**

To: The Campbell River Senior Society, its directors, agents, affiliated community associations and volunteers.

RE: All Senior Center Programs, including but not exclusive to the fitness programs.

#### Awareness of Risk

I acknowledge that there are risks associated with participation in any physical training, exercise, sports or activity program. I have informed myself and understand the risks associated with my participation in the program and (where applicable) my use of the facilities, including the risk of personal injury, and freely accept these risks.

I understand that I am free to withdraw from or reduce my participation in the Program at any time.

I acknowledge that facility staff may limit my access to the Program or facilities in the event of any misuse of the facilities or misconduct on my part.

I am not aware of any medical condition that would affect my ability to participate in the Program. If I have any concerns about my medical condition, I will consult with my physician before participating in the Program.

#### RELEASE and WAIVER

In consideration of the acceptance of my registration for the Program, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the Campbell River Seniors' Center Society, and anyone acting for or on the Campbell River Seniors' Society's behalf, from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the Program. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under the *Occupier's Liability Act*).