Campbell River Seniors' Centre Society
370 – 1426 Ironwood Rd. Campbell River BC V9W 5T5
250-914-4401 crseniors.com frontdesk@crseniors.com

Membership Application -- Please Print

_____ _____
Name eMail

_____ _____
Date of Birth Phone

_____
Address

_____ _____
City Postal

_____ _____
Emergency Contact Phone

Volunteer activities (check if interested):

O Office Help O Kitchen Help O Library O Fundraising O Activities O Special Events O Board

RELEASE OF LIABILITY - PLEASE READ CAREFULLY.
BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

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

Re: All Seniors' Centre 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' Centre Society, and anyone acting for or on the Campbell River Seniors' Centre 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).*

I have read and understood the RELEASE OF LIABILITY, 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 release.

_____ _____
Signature Witness

_____ _____
Date Date

OFFICE USE

_____ _____
Member Since _____
_____
_____ _____
Member # _____
2602.4 _____