

COMOX VALLEY NATURE MEMBERSHIP FORM

P.O. BOX 3222 COURTENAY, B.C. V9N 5N4

NEW MEMBERSHIP or RENEWAL FOR WHAT YEAR? _____

Club membership fees include one-year membership in BC Nature, liability insurance coverage, a yearly subscription to the magazine "BCnature", 3 issues of the CVN Newsletter, and participation in club activities.

YOUR PRIVACY: Comox Valley Nature does not share personal information with third parties. The information collected on membership forms will be used solely for the purpose of providing services to members (including from BC Nature) and for the organization of CVN programmes and activities

This form must be completed every year; and to participate in any club walk, field trip, event or work party, every member must sign the "INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT" (Sign on the other side).

Membership is for the calendar year, and to remain in good standing, membership fees must be received before February 28. Persons not renewing by this date will be removed from the Comox Valley Nature and BC Nature membership lists.

Please complete all sections, sign and mail to: CVNS Box 3222, COURTENAY, B.C. V9N 5N4

PERSONAL INFORMATION

Full Names: 1. _____
SURNAME GIVEN NAMES

2. _____
SURNAME GIVEN NAMES

Add other family members, if applicable: _____

Birth date if you are a student under 19 years old: _____

If this is a renewal, please fill in any changes to your contact information.

Mailing Address: _____
Apt/unit Street

_____ Town Province Postal code

Telephone # _____ E-mail address: _____

May we list your telephone number in the CVNS newsletter membership list? YES NO

Do you wish to receive the CVNS newsletter and club information by e-mail? YES NO

EMERGENCY CONTACT: Name _____ Telephone number _____

MEMBERSHIP FEES:

ONE ADULT \$30.00 FAMILY \$40.00

STUDENT (18 – 22 years) \$15 JUNIOR (12 – 17 years) \$10.00 \$ _____

Members of another FBCN club may deduct \$16.00 from the individual or family fee \$ _____

If you wish to receive the CVN newsletter by mail, please add \$5.00 \$ _____

If you wish to donate to the Scholarship Bursary, please add \$5.00 or add other amount \$ _____

TOTAL \$ _____

**COMOX VALLEY NATURE
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

WARNING!

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

DISCLAIMER

This is a binding legal agreement. As a Participant in the programs, activities and events of the Comox Valley Naturalists Society and the Federation of BC Naturalists, the undersigned acknowledges and agrees to the following terms:

The Comox Valley Naturalists Society and the Federation of BC Naturalists and their respective directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event of the Organization, caused by the risks, dangers and hazards associated with the programs, activities and events of the Organization.

DESCRIPTION OF RISKS

I am participating voluntarily in these activities, events and programs of the Organization. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to any such programs, activities and events of the Organization and may be exposed to such risks, dangers and hazards. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) Field trips, outings and nature walks;
 - b) Bird counts and watching;
 - c) Road cleanup and restoration work;
 - d) Animal attacks, including but not limited to, bears, cougars and snakes;
 - e) Bites from insects, including ticks with possibility of leading to Lyme Disease;
 - f) Extreme weather conditions which may result in heatstroke, sunstroke, hypothermia, frostbite, or lightning strikes;
 - g) Inhalation of viruses or infections including but not limited to, Hantavirus Pulmonary Syndrome;
 - h) Executing strenuous and demanding physical techniques including climbing and hiking;
 - i) Vigorous physical exertion;
 - j) Grass, turf and other surfaces including bacterial infections and rashes;
 - k) Falling to the ground due to uneven, slippery, steep, rocky or irregular terrain or surfaces;
 - l) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - m) Spinal cord injuries which may render me permanently paralyzed; and
 - n) Travel to and from activities, events and programs.
1. Furthermore, I am aware:
- a) That injuries sustained can be severe;
 - b) That I may experience anxiety while challenging myself during the activities, events and programs;
 - c) That my risk of injury is reduced if I follow all rules established for participation; and
 - d) That my risk of injury increases as I become fatigued

RELEASE OF LIABILITY

2. In consideration of the Organization allowing me to participate, I agree:
- a) That I do not know of any medical condition I might have that could possibly make it unwise from me to participate in the club's activities, events or programs, including but not limited to heart conditions;
 - b) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in such activities, events and programs;
 - c) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization.

ACKNOWLEDGMENT

3. I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Printed Name of Participant

Signature of Participant (19 years and older)

Date

Printed Name of Participant

Signature of Participant (19 years and older)

Date

(OR) Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date