

# COMOX VALLEY NATURE MEMBERSHIP & WAIVER FORM

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

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

20 \_\_\_\_\_

Society membership fees include one-year membership in BC Nature, liability insurance coverage, a yearly subscription to the BC Nature magazine, 3 issues of the CVN Newsletter and participation in the Society 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 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" on file. Please sign other side.

Persons not renewing within 90 days at the end of the Calendar Year will be removed from the CVN membership list.

Please complete all sections, sign and mail to: CVNS Box 3222, Courtenay, BC, V9N 5N4

## PERSONAL INFORMATION

Adult Members:	1	<hr/> <small>SURNAME</small>	<hr/> <small>GIVEN NAME</small>	
	2	<hr/> <small>SURNAME</small>	<hr/> <small>GIVEN NAME</small>	
Family Members:	3	<hr/> <small>SURNAME</small>	<hr/> <small>GIVEN NAME</small>	<hr/> <small>BIRTH DATE DD/MM/YY</small>
16 years or under	4	<hr/> <small>SURNAME</small>	<hr/> <small>GIVEN NAME</small>	<hr/> <small>BIRTH DATE DD/MM/YY</small>
	5	<hr/> <small>SURNAME</small>	<hr/> <small>GIVEN NAME</small>	<hr/> <small>BIRTH DATE DD/MM/YY</small>

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

**Mailing Address:** \_\_\_\_\_  
Apt/Unit \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
Please print clearly

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Do you wish to receive the CVN Newsletter and Society Information by e-mail? Yes  No

### MEMBERSHIP FEES

Membership (up to 2 Adults and family in same household under 16 years of age) \$30.00/year \$ \_\_\_\_\_

Members of other Federation of BC Nature Clubs may deduct \$16 BCN charge \$ \_\_\_\_\_

If you wish to donate to the annual CVN Bursary, please add \$5.00 or other amount \$ \_\_\_\_\_

(If you would like a Tax Receipt for your Donation over \$20, please indicate here  )

TOTAL \$ \_\_\_\_\_

*Please read Waiver on reverse side and sign. Thank you.*

**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
Printed Name of Child	Signature of Parent or Guardian	Date
Printed Name of Child	Signature of Parent or Guardian	Date
Printed Name of Child	Signature of Parent or Guardian	Date