

Comox Valley Nature Membership & Waiver Form

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

Year: 20 ____

Society membership fees are annual (Jan-Dec) and include membership in BC Nature, a yearly subscription to the BC Nature magazine and CVN Newsletter, and liability insurance coverage when participating in society activities. Persons not renewing within 90 days from the beginning of the next calendar year will be removed from the CVN membership list.

Please complete this form **each year** to ensure we have your current contact information. To participate in any club walk, field trip, event, or work party, every member must sign the "INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT" (waiver) on the reverse side.

PERSONAL INFORMATION

Last Name _____ First Name _____

Phone _____ E-Mail Address _____

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

Additional Household Member

Last Name _____ First Name _____

Phone _____ E-Mail Address _____

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

Mailing Address: _____
Apt/Unit Street City Postal Code

Emergency Contact Name: _____ Phone Number: _____

MEMBERSHIP FEES and DONATIONS

Membership (individual or household) \$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 another amount \$ _____

If you wish to donate to one of CVN's Groups specifically, please add \$5.00 or another amount \$ _____

and indicate which Group: _____

If you would like a Tax Receipt for your donation over \$20, please indicate here **TOTAL \$ _____**

Ways to apply (pick one)	<ul style="list-style-type: none">• Mail your completed form with a cheque to Comox Valley Nature, P.O. Box 3222, Courtenay, BC, V9N 5N4.• Email your scanned or filled-in pdf form to cvnmembership@gmail.com and pay online using PayPal.• Bring your completed form and cash or cheque to a monthly meeting (excluding July, August and December).
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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.

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

Comox Valley Nature Membership & Waiver Form
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

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

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 clean-up 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.

<hr/> <small>Printed Name of Participant</small>	<hr/> <small>Signature of Participant (19 years and older)</small>	<hr/> <small>Date</small>
<hr/> <small>Printed Name of Participant</small>	<hr/> <small>Signature of Participant (19 years and older)</small>	<hr/> <small>Date</small>
<hr/> <small>Printed Name of Minor (under 19 years)</small>	<hr/> <small>Signature of Parent or Guardian</small>	<hr/> <small>Date</small>
<hr/> <small>Printed Name of Minor (under 19 years)</small>	<hr/> <small>Signature of Parent or Guardian</small>	<hr/> <small>Date</small>
<hr/> <small>Printed Name of Minor (under 19 years)</small>	<hr/> <small>Signature of Parent or Guardian</small>	<hr/> <small>Date</small>