# Comox Valley Nature Member Registration Form

☐ NEW MEMBERSHIP ☐ RENEWAL Membership Year: _____

Society membership fees are annual (Jan-Dec) and include membership in BC Nature (BCN), a yearly subscription to the BC Nature magazine, and liability insurance coverage when participating in society activities.

All members must provide their current personal information **each year**. Also, new members and those who have let their memberships lapse need to affirm the *Release of Liability, Waiver of Claims and Indemnity Agreement* ("waiver") on reverse.

If this is a new membership and you are joining in September through December, CVN grants you a complimentary membership for the remainder of the current year. The fee you pay now will be applied to the following year.

## PERSONAL INFORMATION

First member in the household:

**Last Name** _____ **First Name** _____

**Phone** _____ **Email Address** _____

*Do you agree to receive Society communications by email?* Yes ☐ No ☐

Second member in the same household (if any):

**Last Name** _____ **First Name** _____

**Phone** _____ **Email Address** _____

*Do you agree to receive Society communications by email?* Yes ☐ No ☐

**Mailing Address**: _____
Apt/Unit Street City Postal Code

## ANNUAL MEMBERSHIP FEE AND OPTIONAL DONATION

Fill in the amount for **one** of the following:

| | |
|---|---|
| One adult member ($30.00) | $ _____ |
| Two members in one household (two adults or one adult and one voting youth) ($40.00) | $ _____ |
| Youth voting member (age 18 or younger) ($10.00) | $ _____ |
| Adult members of another BC Nature club may deduct $16 (Club name: _____) – | $ _____ |
| For a printed and mailed copy of *BC Nature* magazine (4 per year), add $10 | $ _____ |
| **Subtotal** | $ _____ |

**Donations**

| | |
|---|---|
| If you wish to donate to the annual CVN Post-secondary Bursary, add any amount | $ _____ |
| If you wish to donate to one or more CVN interest groups or projects, add any amount | $ _____ |

and state the group(s) or project:(s) and amount(s) _____

☐ *Please send me a tax receipt for my total donations of $20 or more.*

**TOTAL $** _____

## PRIVACY

CVN communications (e.g. newsletters, blog posts, social media) contain stories about club activities which may include members' names and/or photos. Indicate below if you do NOT consent to these uses:

☐ Do not use my name. ☐ Do not use my image.

## MEMBER QUESTIONNAIRE

CVN invites you to tell us about your interests and skills (if you haven't already). Take the optional online survey here (https://tinyurl.com/CVN-member-interest-form).

# Release of Liability, Waiver of Claims and Indemnity Agreement

WARNING! This is a binding legal agreement. By agreeing to this document, you will waive certain legal rights, including the right to sue. Please read carefully.

## DISCLAIMER

As a Participant in the programs, activities and events of Comox Valley Naturalists Society and the Federation of British Columbia Naturalists (BC Nature), the undersigned acknowledges and agrees to the following terms for the duration of their membership.

Comox Valley Naturalists Society and BC Nature 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 any 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 and outings; nature walks;
b) Citizen science activities such as bird counts, fish counts, plant surveys and the like;
c) Conservation and restoration activities; road and shoreline cleanup;
d) Animal attacks, including but not limited to, bears, cougars and snakes;
e) Bites from insects and arachnids, including ticks with the possibility of 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; vigorous physical exertion;
i) Reactions to agents on grass or other surfaces that may produce allergies or infections;
j) Falling due to uneven, slippery, steep, rocky or irregular terrain or surfaces;
k) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
l) Travel to and from activities, events and programs.

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

In consideration of the Organization allowing me to participate, I agree:

a) That I am responsible for determining my own medical fitness to participate. To the best of my knowledge, I do not have any medical condition that would make my participation unsafe or inadvisable, including heart-related conditions, or, if I have had such a condition in the past, I have been medically cleared by a qualified health professional to participate in activities of this nature.
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 programs, activities and events of the Organization.

## ACKNOWLEDGEMENT

I have read this agreement and agree to its terms and conditions, 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 adult applicant (19 years or older) | Signature | Date |
|---|---|---|
| Printed name of adult applicant (19 years or older) | Signature | Date |
| Printed name of youth voting applicant (under 19 years) | Signature of parent or guardian | Date |

Names and ages of non-voting minor children to include