

WEST KOOTENAY NATURALIST ASSN. MEMBERSHIP FORM

NOTE: To participate in any club field activity or work party you must sign the Assumption of Risk form (see the other side.)

Full Name:

Last

First (if a second member see line 5)

Street Address

Apartment/Unit #

City

Province

Postal Code

Home Phone. (

Check box on left to receive e-mail newsletter

Second name

E-mail Address:

Birth date if a member is under 19 years

Emergency Contact: _____

Phone Number:

Allergies or medical _____

condition, if relevant (optional)

Single Membership \$

Combined Membership (Adult couple only) *

Student

*** NOTE: for a combined membership each of the two applicants must sign the Assumption of Risk (on reverse side).**

"Club membership fees include membership in the Federation of British Columbia Naturalists .

Please complete and return this form **to** the West Kootenay Naturalist Ass. **Treasurer**

at: 415 Olivia Cres., Trail, BC, V1R 1A6

CONSENT FOR USE OF PERSONAL INFORMATION

I, the participant, authorize the WKNA and the Federation of British Columbia Naturalists to collect and use personal information about me for the purpose of receiving communications, including newsletters, e-mails and posting articles and images on the WKNA website or BC Nature website. We do not sell or distribute your personal information to any other third party not listed herein.

I understand that I may withdraw such consent at any time by contacting the WKNA's secretary. The secretary will advise the implications of such withdrawal.

Check box on right to indicated your consent for use of personal information

Signature of Parent/Guardian (If under 19)

Date

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my (or my child/ward's) membership in the WKNA, i, the participant (and/or parent/guardian on behalf of a minor participant), agree as follows:

1. To abide by the policies, rules and regulations of the WKNA
2. I have reviewed the Assumption of Risk agreement and my signature affixed hereto indicates my agreement with such Assumption of Risk agreement.
3. I accept sole responsibility for my (or my child/ward's) personal possessions and equipment (if applicable).I

acknowledge that I have read this form in its entirety and that I have executed this membership agreement voluntarily. **Signature**
of Participant (if aged 19 and over) _____

Signature of 2 Participant (If aged 19 and over)

Signature of Parent/Guardian (If under 19)

Date

WEST KOOTENAY NATURALISTS ASSOCIATION - 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 West Kootenay Naturalists Association and the Federation of BC Naturalists, the undersigned acknowledges and agrees to the following terms:

The West Kootenay Naturalists Association 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 association'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

(OR) Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

WEST KOOTENAY NATURALISTS ASSOCIATION
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
(FOR THOSE 19 YEARS OF AGE AND OLDER)

WARNING!

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

1. This is a binding legal agreement. As a Participant in the programs, activities and events of the West Kootenay Naturalists Association and the Federation of BC Naturalists, the undersigned acknowledges and agrees to the following terms:

Disclaimer

2. The West Kootenay Naturalists Association 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, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

3. 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. 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 Hantavirus Pulmonary Syndrome;
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 - 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.
4. 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

5. In consideration of the Organization allowing me to participate, I agree:
- a) To the best of my knowledge, I do not have any medical condition, including heart problems, which would make it unwise for me to participate in activities;
 - b) To assume all risks arising out of, associated with or related to my participation;
 - c) To waive any and all claims that I may have now or in the future against the Organization;
 - d) To freely accept and fully assume all such risks 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; and
 - e) 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, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

Acknowledgement

6. 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.

Name of Participant (Please Print)

Signature of Participant

Date