

NORTH OKANAGAN NATURALISTS' CLUB MEMBERSHIP FORM

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

PERSONAL INFORMATION

Full Name: _____
Last First

Street Address Apartment/Unit #

City Province Postal Code

Phone: () E-mail Address: _____

Name of 2nd Family Member

MEMBER INFORMATION

Special rates for 2020/21 only

Single Membership \$20.00 Family Membership \$35.00* Student \$20.00 Donation \$ _____

* **NOTE:** for a family membership each of the two applicants must sign the Assumption of Risk (see below).

Please complete and return this form with your payment at the next meeting, e-transfer to Vernon2017fgm@shaw.ca
or mail to:

North Okanagan Naturalists' Club, P.O. Box 473, Vernon, BC , V1T 6M4
Website: www.nonc.ca – E-mail: hikerharold@gmail.com

CONSENT FOR USE OF PERSONAL INFORMATION

I, the participant, authorize the North Okanagan Naturalists' Club 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 North Okanagan Naturalists' Club's website or BC Nature website. (Neither the North Okanagan Naturalists' Club nor the Federation of British Columbia Naturalists will 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 North Okanagan Naturalists' Club's secretary. The secretary will advise the implications of such withdrawal.

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

Signature Signature of 2nd Family Member Date

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in the North Okanagan Naturalists' Club, I, the participant agree as follows:
To abide by the policies, rules and regulations of the North Okanagan Naturalists' Club.

1. I have reviewed the Assumption of Risk agreement and my signature affixed hereto indicates my agreement with such Assumption of Risk agreement.
2. I accept sole responsibility for my 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 _____

Signature of 2nd Family Member _____

Date _____

See Waiver on Page 2 – please sign and date

NORTH OKANAGAN NATURALISTS' CLUB - 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 North Okanagan Naturalists' Club and the Federation of BC Naturalists, the undersigned acknowledges and agrees to the following terms: The North Okanagan Naturalists' Club 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 and outings;
- b) Nature walks;
- c) Bird counts and watching;
- d) Road cleanup;
- e) Animal attacks, including but not limited to, bears, cougars and snakes;
- 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 Member

Signature of Member

Date

Printed Name of 2nd Family Member

Signature of 2nd Family Member

Date