

# CENTRAL 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 the other side.)

**New Membership**

**Membership Renewal**

## PERSONAL INFORMATION

Full Name:

\_\_\_\_\_  
*Last (Applicant 1)*

\_\_\_\_\_  
*First*

\_\_\_\_\_  
*Last (Applicant 2)*

\_\_\_\_\_  
*First*

Address:

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Apartment/Unit #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province*

\_\_\_\_\_  
*Postal Code*

Home Phone: \_\_\_\_\_

Send Newsletter by:

E-mail

Post

Birth date (if aged under 19 years) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies or Medical \_\_\_\_\_

Condition, if relevant (optional) \_\_\_\_\_

## MEMBER INFORMATION

**Single Membership \$30.00**

**Family Membership \* \$42.00**

**Student Membership \$ 14.00**

**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 and a donation to the Habitat Conservation Fund.

**Please complete and return this form to the Central Okanagan Naturalists' Club Membership Director at:**

**Central Okanagan Naturalists' Club, Box 21128 RPO Orchard Park, Kelowna, BC, V1Y 9N8**

## CONSENT FOR USE OF PERSONAL INFORMATION

I, the participant, authorize the Central 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 Central Okanagan Naturalists' Club's 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 Central Okanagan Naturalists' Club's Membership Director. The Membership Director will advise on the implications of such withdrawal.

**Consent for use of personal information** (use this check box if aged 19 or over, otherwise parent/guardian must sign below)

\_\_\_\_\_  
**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 Central Okanagan Naturalists' Club, I, the participant (and/or parent/guardian on behalf of a child/ward), agree as follows:

1. To abide by the policies, rules and regulations of the Central Okanagan Naturalists' Club.
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 registration agreement in its entirety and that I have executed this registration agreement voluntarily.

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\_\_\_\_\_  
**Signature** of Applicant 1 (if aged 19 or over)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature** of Applicant 2 (If aged 19 or over)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature** of Parent/Guardian (If aged under 19)

\_\_\_\_\_  
**Date**

# CENTRAL 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 Central Okanagan Naturalists' Club and the Federation of BC Naturalists, the undersigned acknowledges and agrees to the following terms:

The Central 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) Reactions to agents on grass or other surfaces that may produce allergies or infections;
- 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.

### ACKNOWLEDGEMENT

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.

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\_\_\_\_\_  
Printed Name of Applicant 1

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant 2

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date