



# NICOLA NATURALIST SOCIETY MEMBERSHIP FORM

**Please read and complete both sides of this form.**

To participate in any club field activity sign the Assumption of Risk on the other side of this form.

Return to:

**Nicola Naturalist Society, c/o 1308 Hwy 8E, Merritt, BC, V1K 1R6**

## PERSONAL INFORMATION

**DATE:** \_\_\_\_\_ **Please print name of each member – indicate if a dependent child or student**

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Note: no children under 16 will be allowed on society field outings unless accompanied by a parent or other adult.**

*Mailing Address*

*City*

*Postal Code*

Phone contacts: ( ) ( )

E-mail address: \_\_\_\_\_

Tick to receive e-mail notices & newsletters  
See consent notice below\*

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

Phone No.: \_\_\_\_\_

## MEMBERSHIP

Membership dues cover the calendar year starting 1 September and include full membership in the Federation of B.C. Naturalists (BC Nature).

**Please make cheques payable to: Nicola Naturalist Society**

**Single Membership** \$30.00

**Family Membership** (couple or parent(s) plus dependent children) \$40.00   
For a family membership all adult members must sign the Assumption of Risk on the reverse side.

**Student/Junior** (registered student or person under 16 years old) \$ 20.00

Membership dues \$ .....

Donation \$ .....

Total submitted \$ .....

Tick: **Cash**

or **Cheque**

## CONSENT FOR USE OF E-MAIL PERSONAL INFORMATION

\* If you tick the e-mail consent box above, you are agreeing to authorize the Nicola Naturalist Society and the Federation of British Columbia Naturalists (BC Nature) to use your e-mail address to send you notices and newsletters. We do not sell or distribute your personal information to any other third party. You may withdraw such consent at any time by contacting the Nicola Naturalist Society.  
Your signature on this form indicates consent if this box is ticked

\*\*\*\*\* **All members please sign the agreement on reverse of this page** \*\*\*\*\*

# NICOLA NATURALIST SOCIETY - INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

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 Nicola Naturalist Society and the Federation of BC Naturalists (BC Nature), the undersigned acknowledges and agrees to the following terms:

The Nicola Naturalist 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 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.

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

1. 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

2. 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 1

\_\_\_\_\_  
Signature of Participant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second name & signature (Family membership only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian  
(for dependent children)

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

\_\_\_\_\_  
Date