



BEAVER CANOE CLUB

Membership Form and Waiver of Liability

PO Box 72072, RPO Old Orchard Road, Burnaby, BC V5H 4P9

www.beavercanoecub.org

**MAKE CHEQUES PAYABLE TO THE BEAVER CANOE CLUB AND MAIL TO THE ABOVE ADDRESS
\$20.00 PER ADULT PER YEAR / \$6.00 PER JUNIOR MEMBER (UNDER 19 ON DATE OF SIGNING)**

MEMBER 1 (\$20) _____ MEMBER 2 (\$20) _____

JUNIOR MEMBERS (with parent member) (\$6.00 EACH) _____

TOTAL MEMBERSHIP FEE: (ENCLOSE PAYMENT) \$ _____

ADDRESS _____ CITY _____ CODE _____

HOME PHONE _____ E-MAIL for#1: _____

WORK PHONE _____ E-MAIL for#2: _____

WAIVER AND RELEASE OF LIABILITY: IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE RECREATIONAL CANOEING ASSOCIATION OF BRITISH COLUMBIA AND BEAVER CANOE CLUB (RCABC/BCC) OR ITS MEMBER INSTRUCTOR'S COURSES, PADDLING PROGRAMS, ACTIVITIES, EVENTS AND TRIPS, THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES AND AGREES THAT: THE RISK OF INJURY FROM THE ACTIVITIES INVOLVED IN THIS PROGRAM IS SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT PARALYSIS AND DEATH; AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THIS RISK, THE RISK OF SERIOUS INJURY DOES EXIST AND I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION; AND I WILLINGLY AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION. IF HOWEVER, I OBSERVE ANY UNUSUAL SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL REMOVE MYSELF FROM PARTICIPATION AND BRING SUCH TO THE ATTENTION OF THE NEAREST OFFICIAL IMMEDIATELY; AND I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS THE RCABC/BCC, THEIR MEMBER INSTRUCTORS, THEIR OFFICERS, OFFICIALS, VOLUNTEERS, AGENTS AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT (ALL OF WHOM ARE REFERRED TO AS RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OR THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. THIS IS A CONTINUING RELEASE FOR THE CURRENT YEAR AS WELL AS ANY AND ALL FUTURE YEAR IN WHICH I AM A MEMBER OF THE BEAVER CANOE CLUB.

MEMBER 1 SIGNATURE _____ DATE _____ WITNESSED BY: _____

MEMBER 2 SIGNATURE _____ DATE _____ WITNESSED BY: _____

TO HELP US PLAN, PLEASE INDICATE YOUR CURRENT INTERESTS (for example: flatwater, moving water, ocean paddling, skill improvement, safety and rescue, wilderness tripping, etc.) AND COMMENTS:

ARE YOU WILLING TO LEAD A TRIP? YES TYPE? _____ HAVE YOU HAD FIRST AID TRAINING? YES

TYPE OF TRAINING: _____

ARE YOU A CERTIFIED INSTRUCTOR? YES LEVEL? _____

PERSON WITH A DISABILITY: (CHECK IF APPLICABLE.) THE RCABC/BCC ENCOURAGES PARTICIPATION FROM ALL INDIVIDUALS BUT THE RCABC/BCC CAUTIONS THOSE WITH DISABILITIES WHO ARE INVOLVED WITH THE ACTIVITIES OF PADDLING, AS WELL AS THEIR PARENTS, GUARDIANS, DOCTORS, ETC., THAT THERE ARE RISKS OVER AND ABOVE WHAT AN ABLE-BODIED INDIVIDUAL WOULD FACE, AND THAT THE INDIVIDUALS IN QUESTION ALSO RECOGNIZE THAT THE RISKS INVOLVED ARE WORTH THE BENEFITS THAT MAY BE RECEIVED. THE INSTRUCTOR/LEADER OF THE ACTIVITIES AT THE RCABC/BCC HAS THE LAST WORD ON PARTICIPATION TO ENSURE THE SAFETY AND ENJOYMENT OF EACH PARTICIPANT.

MINORS (CHECK IF APPLICABLE AND SIGN BELOW.) THIS IS TO CERTIFY THAT I, AS A PARENT/ GUARDIAN/ DOCTOR WITH LEGAL RESPONSIBILITY FOR ALL MINOR(S) NAMED AS JUNIOR MEMBERS ABOVE, FOR WHOM I HAVE LEGAL AUTHORITY, DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASEES, AND, FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENTAL TO MY SUCH MINOR(S) INVOLVEMENT OR PARTICIPATION IN THESE ACTIVITIES AND PROGRAMS AS PROVIDED ABOVE.

PARENT, GUARDIAN OR DOCTOR'S SIGNATURE _____ PRINT NAME _____

EMERGENCY PHONE (_____) _____ WITNESS SIGNATURE _____ DATE _____