

## Peninsula PaddlerS

## MEMBERSHIP APPLICATION FORM Year 20\_\_\_

Please complete both sides/pages of Each family member <i>must</i> initial each Enclose membership form, with che	ch box on back of for eque payable to: Penir		1M0		
Annual Membership Fee - \$40.00 \$60.00	Single 0 Family*	New Member Renewing Member	- -		
(*Fan	nily membership is fo	r 2 people. \$10 each additional	family member)		
Please print in CAPITAL LETTEI LAST NAM		FIRST NAME			
Adult 1					
Adult 2					
Adult 3					
Child <18		<u> </u>			
Child <18					
Mailing Address:					
City:	Prov	Postal Code			
Phone: Residence ( )		Cell/Other ( )			
E-Mail Address					
Your e-mail address will be release	d to all club members	s unless otherwise indicated. (_	)		
		RELEASE AND WAIVER OF LIA ND PARENTAL CONSENT AGRE			
AND I, THE MINOR'S PARENT AND/OR LEGAL EXPERIENCE AND CAPABILITIES AND BEIL CONDITION TO PARTICPATE IN SUCH ACTIVE AND SAVE AND HOLD HARMID DAMAGES ON THE MINOR'S ACCOUNT CARLEASEES OR OTHERWISE. INCLUDING NIE, THE MINOR, OR ANYONE ON THE MINOR INDEMNIFY, SAVE AND HOLD HARMLESS LIABILITY, DAMAGE, OR COST ANY INCUR	AL GUARDIAN, UNDERSTA LIEVE THE MINOR TO BE TIVITY. I HEREBY RELE LESS EACH OF THE RELE USED OR ALLEGED TO BE EGLIGENT RESCUE OPERA R'S BEHALF MAKES A CLA EACH OF THE RELEASER	ND THE NATURE OF KAYAKING ACTIVE QUALIFIED, IN GOOD HEALTH, AN ASE, DISCHARGE, COVENANT NOT TAKE ASSESS FROM ALL LIABILITY, CLAIMS CAUSED IN WHOLE OR IN PART BY TATIONS AND FURTHER AGREE THAT IF AIM AGAINST ANY OF THE RELEASEES FROM ANY LITIGATION EXPENSES.	D IN PROPER PHYSICA TO SUE, AND AGREE TO 5, DEMANDS, LOSSES, OF THE NEGLIGENCE OF TH 7, DESPITE THIS RELEASE S NAMED ABOVE, I WILL		
PRINTED NAME OF PARENT/GUARDIAN:		PHONE: ( ) _			
ADDRESS:					
(Street)	(City)	(Prov.)	(Postal Code)		

## PENINSULA PADDLERS KAYAK CLUB INC. RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK, AND INDEMNITY

IN CONSIDERATION of being permitted to participate in any way in the Peninsula Paddlers Kayak Club Inc. sponsored Kayak Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1.							good health, and in proper
public du		upon which the haz	zards of travelin	g are to be expected			s and facilities open to the ny time I believe conditions
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inactions "RELEA foreseeal	ING PERMANENT, the action or inaction SEES" NAMED BEI	DISABILITY, PAR ns of others particip LOW; (c) there may I FULLY ACCEP	RALYSIS, AND pating in the Act be OTHER RIST AND ASSUM	DEATH ("RISKS tivity, the condition SKS AND SOCIALIE ALL SUCH RI	'); (b) these Risks at in which the Activi AND ECONOMIC	nd dangers may be ty takes place, or T LOSSES either no	ERIOUS BODILY INJURY, caused by my own action or THE NEGLIGENCE OF THE ot known to me or not readily FOR LOSSES, COSTS AND
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Activity MY ACO OTHERV LIABILI INDEMN	members, volunteers takes place, (each cor COUNT CAUSED CWISE, INCLUDING TY, ASSUMPTION (	and employees, oth sidered one of the DR ALLEGED TO NEGLIGENT RES DF RISK, AND INI OLD HARMLESS	er participants a "RELEASEES" BE CAUSED CUE OPERATI DEMNITY AGR	nd sponsors, advertherein) FROM AL IN WHOLE OR ONS; AND I FUR EEMENT I, or any	isers, and if applicab L LIABILITY, CLA IN PART BY THE THER AGREE that one on my behalf, ma	ole, owners and less IMS, DEMANDS, NEGLIGENCE ( if, despite this RI likes a claim against	ministrators, directors, agents, sors of premises on which the LOSSES, OR DAMAGE ON OF THE "RELEASEES" OR ELEASE AND WAIVER OF any of the Releasees, I WILL loss, liability, damage, or cost
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to be use	at some club activity.	I hereby grant pern, news articles, train	nission for my ph ning, advertising	otograph to be releat, and on the Club's	sed, published, or rep website. I hereby re	produced by Niagar elease the above na	n time to time my picture may ra Peninsula Paddlers Inc. and amed Club, their directors and tographs.
Initial	() (_	) (		)			
signing uncondi	it and have signed	it freely and with liability to the gr	hout any induc eatest extent a	cement or assura llowed by law an	nce of any nature d agree that if any	and intend it to	e substantial rights by be a complete and reement is held to be
			PRINTED 1	NAME(S) OF PA	RTICIPANTS		
	LAST			FIRST		SIGN	ATURE
1							
2							
3							
4							
			I (WE) H.	AVE READ THI	S RELEASE		
ADDRE	SS(Street)			(City)		(Prov.)	(Postal Code)
	(Sacce)			(0.0)		(2.201.)	(2 0000)
DATE	(Month)	(Day)	(Ye	ear)			
	(171011111)	(Day)	(10	···· /			