

Canmore Seniors Association

Enhancing the Lives of our Members

P.O. Box 8809 600B – 9th Street Canmore, AB T1W 0C1
Phone: 403-678-2457 Email: info@canmoreseniors.org Website: www.canmoreseniors.org

Annual Membership Application Form for 55+
This CSA annual membership is valid from July 1, 2018 to June 30, 2019
Your payment along with this completed membership form and the signed and dated annual mandatory waiver may be mailed to the P.O. Box address above or handed in to the CSA Office.
Fee is \$45.00 per person – cheque or correct cash only

The information requested below is collected for the purpose of communicating with and providing programs for members of the CSA.

Name (print) _____ Renewal _____ New _____

Address _____

Town/City _____ Postal Code _____

Phone Number _____ Email (print) _____

Age: 55-59 _____ 60+ _____ (information for administrative purposes)

Membership Fee \$ 45.00 Sustainability Fund Donation \$ _____ Total \$ _____

Be a CSA Volunteer

We encourage all members to assist if possible. Please indicate your choice(s) below.

- | | | | |
|--|--|------------------------------------|--|
| <input type="checkbox"/> Indoor Maintenance | <input type="checkbox"/> Outdoor Maintenance | <input type="checkbox"/> Socials | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Sports | <input type="checkbox"/> Gardening | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Travel | <input type="checkbox"/> Publicity | <input type="checkbox"/> IT |
| <input type="checkbox"/> Your Personal Areas of Interest / Expertise _____ | | | |

OFFICE VOLUNTEER USE:

Mandatory Waiver: Dated _____ Signed _____

Payment: Cheque _____ Cash _____ Total amount paid \$ _____

2018 - 2019 Membership Number _____

Volunteer's Signature _____

OFFICE USE:

TREASURER _____ DATABASE _____ MAILCHIMP _____

Approved by: Canmore Seniors Association Board
Revision # 5
Date: June 1st, 2018

(Waiver on reverse side)

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AGREEMENT
(hereinafter referred to as the "Waiver")
BY SIGNING THIS WAIVER YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE
RIGHT TO SUE FOR LIABILITY OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT
PLEASE READ CAREFULLY!

In consideration of being allowed to participate in any way in the CANMORE SENIORS ASSOCIATION (CSA) programs, related events and activities (the activities), the undersigned acknowledges, appreciates and agrees that:

1. There is a risk of injury from the activities 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,
2. 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
3. I confirm that I have read, understand and will follow any stated and customary terms and conditions for participation in the activities. I am aware and accept that the activities are coordinated by volunteers who are members of the CSA who may or may not have leadership training. 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 organizer/leader immediately and I confirm that, if I become aware of any personal physical or medical condition that would put myself or other participants at risk by my participation in an activity I WILL NOT PARTICIPATE IN THAT ACTIVITY;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the CSA their officers, officials, activity leaders agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS WAIVER, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ PRINT NAME: _____
PARTICIPANT'S SIGNATURE

X _____ PRINT NAME: _____
WITNESS SIGNATURE

MEMBERSHIP NUMBER: _____

DATE: _____

Approved by: Canmore Seniors Association Board
Revision #: 0
Date: Mar 3rd, 2014

(Application on reverse side)