



CANMORE

SENIORS ASSOCIATION

2024 2025 MEMBERSHIP APPLICATION

PO Box 8809, 600B – 9th Street, Canmore, AB T1W 0C1

Email: membership@canmoreseniors.org | Phone: 403-678-2457 | Website: www.canmoreseniors.org

Annual Membership Application for 55+. This CSA annual membership is valid from July 1, 2024, to June 30, 2025. 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.

The fee is \$45.00 per person

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

Name (print) _____ Renewal _____ New _____

Address _____

Town/City _____ Postal Code _____

Phone Number _____ Email (print) _____

Birth Year: _____ (information for administrative purposes)

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

PAYMENT:

Payment: Cheque _____ Cash _____ Credit Card: Visa or MasterCard (circle one)

Credit card #: _____ Expiry date: _____

CVC # (3 digits on back of card): _____ Total amount paid \$ _____

Signature: _____

Be a CSA Volunteer

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

- Indoor Maintenance Outdoor Maintenance Socials / Hospitality IT
- Office Assistance Gardening Finance Board of Directors Lifelong Learning committee
- Your Personal Areas of Interest / Expertise: _____

OFFICE USE ONLY:

ZONE 4 DATABASE _____ MAILCHIMP _____ MEMBERSHIP # _____

Assumption of Risk and Waiver of Liability

READ CAREFULLY

The Canmore Seniors Association (“CSA”) cannot eliminate all risks of injury for Members who choose to participate in its activities. Further, while the CSA has put in place preventative measures to reduce the spread of COVID-19 and other viral diseases at its premises and for its activities. The CSA cannot guarantee that you will not become infected with COVID-19 or other communicable diseases. Attending at the CSA premises or participating in any CSA activity, could increase your risk of contracting COVID-19 and other communicable diseases.

In consideration of being allowed to participate in any way in CSA activities, events, and programs, (“activities”), the undersigned agrees that:

1. I acknowledge that there is a risk of injury from the activities, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CSA or others and assume full responsibility for my participation.
3. 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 not have leadership training. If I observe any unusual, significant hazard during my presence or participation, I will cease participation and report the hazard to the attention of the activity organizer immediately. I also confirm that if I become aware of any personal physical or medical condition that might put me or other participants at risk by my participation, I WILL NOT PARTICIPATE IN THAT ACTIVITY.
4. By signing this agreement, I acknowledge the contagious nature of COVID-19 and other respiratory diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19, or other communicable diseases if I attend the premises of the CSA or participate in its activities and that such exposure or infection may result in my personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 or other communicable diseases at the CSA may result from the actions, omissions or negligence of myself and others, including, but not limited to, CSA directors, employees, volunteers, and program participants.
5. By signing this agreement, I undertake not to participate in any CSA activities in the event that: (a) I have had close exposure to a documented case of COVID-19, or other communicable diseases, within the preceding 10 days; (b) I develop symptoms consistent with those of COVID-19 (fever, myalgia, loss of smell, etc.) or other respiratory diseases without having obtained a negative COVID-19 test or having been symptom free for a period of 10 days.
6. I voluntarily agree to assume all of the foregoing risks and I accept sole responsibility for any injury to myself including, but not limited to, illness, personal injury, disability and death, damage, as well as loss, claim, liability or expense of any kind, that I may experience in connection with my attendance at the CSA premises or participation in CSA activities. I hereby release, covenant not to sue, discharge and hold harmless the CSA, its directors, employees, volunteers, and participants of and from any claims, including all liabilities, actions, damages, costs or expenses of any kind.
7. I understand that I have given up substantial rights by signing this release, which includes any claims based on the actions, omissions, or negligence of the CSA, its directors, employees, volunteers, and program participants, whether a COVID-19 infection or other communicable diseases occurs before, during, or after participation in any CSA program.
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the CSA, their heirs, officials, activity leaders, agents, other participants, sponsors and their agents, 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 AND THE CSA CODE OF CONDUCT (available at the CSA office) , 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.

Signature of CSA Member

Print name of CSA Member

CSA Membership #

Signature of Witness

Print name of Witness

Date

Waiver updated March 12, 2024