

Seniors for Nature Outdoor Club
74 Harrington Crescent
Toronto, Ontario M2M 2Y5

Membership Application or Renewal Form

Please print clearly:

Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: home _____ other: _____

Email: _____ (included in membership list on website unless noted otherwise)

Notify in Emergency (1st) _____ Phone _____

Notify in Emergency (2nd) _____ Phone _____

Membership Fee is \$35 per year and is effective for 12 months from date of payment.

Cheque amount \$ _____ Cheque # _____ Cheque date _____

NEW Applicant ? Please mail cheque and this form to the address above.

RENEWING Member ? Please make cheque payable to Seniors for Nature Outdoor Club and either hand in or mail to the address above

I need a canoe partner ? I have a canoe ? I have a kayak ?

* I wish to receive the Calendar via: *(please indicate)* email ? **hard copy** ?

* I wish to receive information via: *(please indicate)* email ? phone ?

* I am interested in being a **trip leader** in: paddling ? cycling ? hiking ? snowshoeing ?

* X country skiing ? social/contemplative outings ?

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* I am interested in **volunteering** for: Treasurer ? Membership ? Program ? Secretary ?
Publicity/Newsletter ? Equipment ? Social ? other ?

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* How I heard about the club: Word of mouth ? Web Search ? Flyer ? Advertisement ? Other ?

WAIVER of Liability and Assumption of Risk

I acknowledge that the activities of the Seniors for Nature Outdoor Club in which I may participate involve risks which are beyond the control of the Club and could lead to a variety of consequences including injury or death. Notwithstanding the acknowledgement of such risks, I hereby release the Seniors for Nature Canoe Club, its directors, officers, volunteers, agents, assigns and executors from all claims for damage however so arising as a result of my participation the activities organized by the Club. I agree to pay the cost of any emergency evacuation of my person or belongings that may be necessary. I undertake to make myself aware of the nature of the activities, their length, duration and degree of difficulty and that I will ensure that I am properly equipped and physically able to participate. I have no medical or other condition which might preclude my participation. I agree to follow the directions of the organizer.

Date: _____ Signature of Applicant _____

Office Use: release on file for year _____ Treasurer's initials _____ Membership initials _____ Date _____