

Salt Spring Trail & Nature Club  
 PO Box 203  
 SALT SPRING ISLAND BC V8K 2V9



**NOTE: To participate in any club field activity or work party you must sign the Assumption of Risk form (see reverse side.)**

**PLEASE READ AND SIGN BOTH PAGES**

**MEMBERSHIP REGISTRATION FORM**

Membership registration is for the SSTNC Year, September 1, 2023 - August 31, 2024. **Membership fees for 2023—2024 are \$25/person for those registering before September 30, 2023, and \$30/person for those registering after that date.**

Name(s): \*  
 (Please Print): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent for Use of Personal Information**

I authorize the Salt Spring Island Trail and Nature Club (SSTNC) and The Federation of British Columbia Naturalists (BC Nature) to collect and use personal information about me for the purpose of providing me with communications including newsletters, Club notices, and other Club-related communications via mail, email, telephone, or other appropriate means, to grant access to member only features of the SSTNC or BC Nature websites, and to SSTNC email groups. SSTNC email groups are currently provided by Google.com and we use your email address to register you as a member of the group(s). We do not sell or provide your personal information to any third party not listed herein.

**Acceptance of Terms and Conditions**

- In consideration of the acceptance of my membership in the Salt Spring Island Trail and Nature Club, I agree as follows:
- I have reviewed the Assumption of Risk agreement and have indicated my agreement with such Assumption of Risk agreement with my signature.
  - I consent to the use of my personal information as described above.
  - I acknowledge that I have read this form in its entirety and that I have executed this membership agreement voluntarily.

Signature 1 . \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name: \_\_\_\_\_  
 Signature 2 \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name: \_\_\_\_\_

I am interested in participating in these areas (check all that apply):

<input type="checkbox"/> Hike, walk or ramble leader (Please specify: _____)	<input type="checkbox"/> Assist at social events/presentations
<input type="checkbox"/> Nature-focused field trip leader	<input type="checkbox"/> Add me to the BIRDS-SSTNC email group
<input type="checkbox"/> Trail construction/maintenance	

**Please complete and sign BOTH sides of this page**

### ASSUMPTION OF RISK

*This document affects your legal rights. Please read it carefully.*



***Signature of this agreement is a condition of participation in Salt Spring Trail & Nature Club activities. By signing this agreement you will waive certain legal rights, including the right to make a claim for damages with respect to these activities and you will absolve the Club and its representatives from liability. Participants who are not members of the Club and/or the Federation of BC Naturalists (FBCN)/BC Nature may participate in a maximum of three (3) field trips during the Club's year, must complete and sign a Visitor Waiver on each occasion, and are not eligible for liability coverage under the FBCN/BC Nature insurance scheme.***

### ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

#### Assumption of Risk

I am aware that certain activities of the Salt Spring Island Trail and Nature Club (the Club), including field trips and nature trips involve risks and may result in personal injury, death, property damage, expense, or related loss, including loss of income. These risks include negligence on the part of the Club, its directors, officers, members, employees, and volunteers who organize or lead activities, described herein as the "the Club and its representatives". I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense, and related loss, including loss of income, resulting from participation in such activities.

#### Release of Liability and Waiver of Claims

In consideration of the club accepting my application to participate in the activities described, I/We agree as follows:

1. To waive any and all claims that I/We, or my/our heirs, may have in the future against the Club and its representatives with respect to these activities
2. To release the Club and its representatives from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income, which I/We may suffer as a result of my/our participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.

I/We have read this agreement and I/We understand it. I/We are aware that by signing this document, I/We are waiving certain rights, which I/We may have with respect to the Club.

Signature 1 . \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_