

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, 2024 - August 31, 2025.
Membership fees for 2024—2025 are \$25/person for those registering before September 30, 2024, 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	



INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

Note: By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

DISCLAIMER

This is a binding legal agreement. As a Participant in the programs, activities and events of the Salt Spring Trail and Nature Club (SSTNC) and the Federation of BC Naturalists, the undersigned acknowledges and agrees to the following terms:

The SSNTC and the Federation of BC Naturalists and their respective directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event of the Organization, caused by the risks, dangers and hazards associated with the programs, activities and events of the Organization.

DESCRIPTION OF RISKS

I am participating voluntarily in these activities, events and programs of the Organization. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to any such programs, activities and events of the Organization and may be exposed to such risks, dangers and hazards. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) Field trips, outings and nature walks;
- b) Bird counts and watching;
- c) Road cleanup and restoration work;
- d) Animal attacks, including but not limited to, bears, cougars and snakes;
- e) Bites from insects, including ticks with possibility of leading to Lyme Disease;
- f) Extreme weather conditions which may result in heatstroke, sunstroke, hypothermia, frostbite, or lightning strikes;
- g) Inhalation of viruses or infections including but not limited to Hantavirus Pulmonary Syndrome;
- h) Executing strenuous and demanding physical techniques including climbing and hiking;
- i) Vigorous physical exertion;
- j) Grass, turf and other surfaces including bacterial infections and rashes;
- k) Falling to the ground due to uneven, slippery, steep, rocky or irregular terrain or surfaces;
- l) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- m) Spinal cord injuries which may render me permanently paralyzed; and
- n) Travel to and from activities, events and programs.

Furthermore, I am aware:

- a) That injuries sustained can be severe;
- b) That I may experience anxiety while challenging myself during the activities, events and programs;
- c) That my risk of injury is reduced if I follow all rules established for participation; and
- d) That my risk of injury increases as I become fatigued.

RELEASE OF LIABILITY

In consideration of the Organization allowing me to participate, I agree:

- a) That I do not know of any medical condition I might have that could possibly make it unwise from me to participate in the club's activities, events or programs, including but not limited to heart conditions;
- b) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in such activities, events and programs;
- c) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization.

ACKNOWLEDGMENT

I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Printed Name of Participant

Signature of Participant (19 years & older)

Date

Printed Name of Participant

Signature of Participant (19 years & older)

Date