

**PARKSVILLE NEWCOMERS' CLUB
MEMBERSHIP INFORMATION**

New Member Ending - Aug 31, _____ Paid by: CHQ CASH

Renewal Ending - Aug 31, _____ Paid by: CHQ CASH

Name: _____

Name: _____

Address: _____

Postal Code: _____ Telephone # _____ Moving from _____

E-mail address: _____

Membership Fee (\$15.00 per person Aug-Dec)	_____	x \$	_____	=	\$ _____
(\$10.00 per person Jan-Apr)	_____	x \$	_____	=	\$ _____
(\$ 5.00 per person May-Jun)	_____	x \$	_____	=	\$ _____
Name Tag(s) (\$10.00 per person)	_____	x \$	_____	=	\$ _____
Total Amount Due:					\$ _____

RELEASE OF LIABILITY FORM

In exchange for participation in activities, special events and the use of property, facilities and services offered by the Parksville Newcomers' Club (the Club):

1. I/We agree to observe and obey all posted rules and warnings, and further to follow any oral instructions or directions given by the executive, activity organizers or other representatives of the Club.
2. I/We recognize that there may be certain inherent risks associated with activities and I/we assume full responsibility for personal injury to myself/ourselves and further release and discharge the Club, it's executive and members for injury, loss or damage arising out of my participation in said activities.
3. I/We agree to indemnify and defend the Club, its executives and members against all claims, causes of action, damages, judgements, cost or expenses, including attorney fees and other litigation costs, which in any way arise from my participation in activities of the Club.
4. I/We agree to be included in any photographs taken at Club functions that may be used to promote the Club. YES NO
5. I/We agree to share my contact information with other members of the Club for the purpose of Club activities. YES NO

This form covers the term of active membership in the Club. I/We have read this document and understand it. I/We further understand that by signing this release, I/we voluntarily surrender certain legal rights.

_____ Signature _____ Print Name

_____ Signature _____ Print Name

_____ Date Signed