

**Crescent Beach Photography Club
Membership Form**

Name _____
Names of other family members _____
(as part of this membership fee) _____

Address _____

City _____ Postal Code _____

Phone _____ Email _____

Fees Individual \$75.00 (Sept. – Aug.): Cash _____ Cheque _____
(Family 100.00)

Memberships run from September 01 to May 30 each year.

ASSUMPTION OF RISK, LIABILITY WAIVER, AND INDEMNITY AGREEMENT

The following is a binding legal agreement. It affects legal rights, including your right to sue and your legal responsibilities. Please read carefully before signing.

1. For the purposes of this Agreement:

- 1.1 'CBPC ' means The Crescent Beach Photography Club (its Officers, Directors, Volunteers, Members, Instructors and Representatives; and
- 1.2 'CBPC Activities' means activities sponsored or organized by or through The Crescent Beach Photography Club, including but not limited to meetings, gatherings, field trips, tours, outings, presentations, workshops, seminars, and/or competitions.

2. In consideration of being granted membership in The Crescent Beach Photography Club, which consideration is acknowledged and recognized:

- 2.1 I acknowledge and agree that there are inherent risks and hazards involved in CBPC Activities, including the risk of personal injury, death, and damage or loss of property from various causes;
- 2.2 I voluntarily agree and assume all risk arising out of, associated with or related to my participation in CBPC Activities;
- 2.3 I release and discharge CBPC from and against any and all liability or other harm of any kind whatsoever, for any property damage or loss, personal injury, or loss of life arising from my participation in CBPC Activities; and
- 2.4 I agree to indemnify and hold harmless CBPC from and against any and all liability or other harm of any kind whatsoever, for any property damage or loss, personal injury, or loss of life to any third party arising from my participation in CBPC Activities.

3. I declare that I am 19 years of age or older, and that this Agreement is binding upon myself, my heirs, executors, administrators and representatives. Further, I acknowledge that I have read and understand this Agreement and that I have executed this Agreement voluntarily.

Print Name _____

Signature _____ Date _____

I acknowledge that by writing family member names, it constitutes their signature.

Names of other family members (as part of this membership fee) _____