

ElderActive Recreation Association

“Active in Body, Mind & Spirit”

MEMBERSHIP APPLICATION

Date_____

First Name: _____ Last Name: _____

Mail Address: _____ P/Code: _____

Phone: _____ Date of Birth: _____

Email: _____

Membership Fee: \$10 per year -- Calendar Year – Jan. 1st – Dec. 31st

What are your interests?_____

Are you interested in being a volunteer?_____

Applications can be mailed to the following address:

ElderActive Recreation Association
4061 – 4th Avenue,
Whitehorse, Yukon Y1A 1H1

All members MUST complete the attached “AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY” form before they can participate in any ERA sponsored activities.

**AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the athletic/sports program, related events and ElderActive Recreation Association activity, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS ElderActive Recreation Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE

X _____ Date Signed: _____
WITNESS

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE NUMBER

X _____
WITNESS