

VICTORIA NATURAL HISTORY SOCIETY

PO Box 24061 Royal Oak, Victoria, BC V8Z 7E7 www.vicnhs.bc.ca



MEMBERSHIP FORM

| NAME: | | | |
|--|---|--|--|
| PLEASE PRINT | | | |
| Street Address | Apartment/Unit # | | |
| City Province | Postal Code | | |
| PHONE: E-mail: | | | |
| Your interests: | | | |
| Check box to receive an electronic (pdf) copy of <i>The Victoria Naturalist Magazine</i> (no paper copy) | | | |
| ANNUAL DUES: Membership is valid for 12 months from date of joining the Society. | | | |
| New Member Renewal Notice of | of changes | | |
| include me do not include me in your "Welcome New | Members" section of the newsletter. | | |
| | Less \$5 Senior discount | | |
| Individual \$30 Family \$35 | Less \$10 Student discount | | |
| DONATIONS PLUS MEMBERSHIP MINUS DISC Any donation in excess of \$10 will receive a tax receipt. | COUNTTOTAL | | |
| Your privacy: Information collected on this form will be used by VNHS and BC Nature to contact you and deliver subscriptions. If indicated, your name, city, and interests will be included in our "New Members" section in <i>The Victoria Naturalist</i> . VNHS does not share personal information with third parties. | | | |
| Included in your Membership: One year subscription to the bimonthly Victoria Naturalist Magazine One year Membership to BC Nature and a one year subscription to the BC Naturalist Magazine Member access and participation in Society Events (Birders', Botany, Marine, Natural History Nights), Field Trips, and Conservation Projects | | | |
| Our society runs on volunteers. Would you be willing to assist in Magazine/Publications Social Events Marketing/Publicity | any of our club activities? Please check: Conservation Projects Administration | | |
| For further information please contact Darren Copley at dccople | <u>y@telus.net</u> or 250-479-6622 | | |
| VNHS Announcements and Reminder Email System We provide a way for you to receive reminder notices about Soc opportunities. You are able to unsubscribe at any time. ☐ Send me all reminders (events, field trips, and the occasional ☐ Send me announcements and reminders only about VNHS ev ☐ Send me field trip reminders (Saturday morning birding main | third-party event) ents (presentations, special events) | | |



VICTORIA NATURAL HISTORY SOCIETY



INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT RELEASE OF LIABILITY/WAIVER OF CLAIMS

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 Victoria Natural History Society and the Federation of BC Naturalists, the undersigned acknowledges and agrees to the following terms:

The Victoria Natural History Society and BC Nature (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;
- 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;
- I) 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 and older) | Date |
|-----------------------------|---|------|
| (OR) | | |
| | | |