



Disabled Sailing Association
of British Columbia, Victoria Branch

Membership Application Form

(Completion of this form also enrolls you as a member of the Victoria Integration Society).

Name: _____

Address: _____ Postal Code: _____

Phone: _____ (home), _____ (cell) email: _____

Do you have a disability? _____ If yes, what is the nature of your disability? _____

Specific requirements necessary based on nature of your disability: _____

Membership Fee of \$10.00 enclosed ___ cash ___ cheque (**payable to the Disabled Sailing Association, Victoria Branch**).

WAIVER OF LIABILITY

Please read and sign the waiver of liability below. You require a witness to also sign the waiver.

Disclaimer Clause:

The British Columbia Mobility Opportunities Society and the Disabled Sailing Association of British Columbia (DSA) herein after referred to as the "Societies" are not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever, including without limitation the negligence of the Societies and their respective servants, agents or employees.

Agreement:

In consideration of the Societies accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns release the societies, its respective servants, agents or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in any activity of the Societies notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Societies, its respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any resources which I may now or hereafter have resulting from any decision of the Societies. I confirm that I have read and understood this waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the above Disclaimer Clause by my signature below (parent of guardians please sign for minors).

Indemnification:

In consideration of the Societies accepting this application, I, _____ parent/guardian of _____, applicant agree to indemnify the Societies, its respective servants, agents or employees from any claims of demands that might be made against the Societies arising out of or in consequence of any event or activity sanctioned by the Societies. If under the age of 19, indemnification must be signed by parent or guardian.

Signature: _____ Date: _____

Witness: _____ Date: _____

My interest in sailing is: Charter (going for a ride in a boat)
(please check) Learn to Sail (developing sailing skills to become an independent sailor)
 Independent Sailing
 Racing

Disabled Sailing Association of BC, Victoria Branch
4135 Lambrick Way, Victoria, B.C. V8N 5R3
Tel: (250) 477-6314 Fax: (250) 477-6046

www.rivonline.org – email: dsa@rivonline.org

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*Facilitating Active Lifestyles
for People with Disabilities*

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY!

Name: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____ Telephone: (____) _____

ASSUMPTION OF RISKS:

I AM AWARE THAT THERE IS POTENTIAL RISK FOR PERSONAL INJURY INVOLVED IN PARTICIPATION IN ANY PHYSICAL ACTIVITY. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to: **bumps, bruises, cuts, scrapes, concussion, broken bones, infections, abrasions, hypothermia and the possibility of personal injury, death, property loss,** resulting from my participation in this Recreation Integration Victoria/ Disabled Sailing Association of BC, Victoria Branch activity.

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of approval to participate in Recreation Integration Victoria's/DSABC, Victoria's _____ activity, I hereby agree as follows:

 Initial **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against Recreation Integration Victoria, its directors, officers, employees, volunteers, representatives, other participants and partner organizations (**Victoria Integration Society, Recreation Integration Victoria, the Disabled Sailing Association of BC, the Canadian Forces Sailing Association, Esquimalt Squadron, Canadian Forces Base, Esquimalt, the University of Victoria, the Municipalities of Esquimalt, Oak Bay, Saanich, the City of Victoria, the Peninsula Recreation Commission, West Shore Parks and Recreation Society; the Queen Alexandra Centre for Children's Health; the Vancouver Island Health Authority; the Community Living British Columbia, and School Districts #61, #62, and #63**) all of whom are hereinafter collectively referred to as "**The Releasees**";

 Initial **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I suffer, or my next of kin may suffer as a result of my participation in this _____ activity due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.** I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;

 Initial **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in this _____ activity

 Initial This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

 Initial In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

SIGNED THIS _____ DAY OF _____ 20____
 Participant's Name: _____ (Please Print Name Clearly)

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS SIGNATURE (MANDATORY): _____

IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP or a REPRESENTATION AGREEMENT IN PLACE? YES _____ INITIALS _____

MEDICAL INFORMATION & RELEASE

In the case of an unforeseen medical emergency, Recreation Integration Victoria (Integrated Recreation Services/the Victoria Integration Society) / the Disabled Sailing Association of B.C., Victoria Branch needs the authority to proceed as the situation dictates. This might take the form of a call to your family doctor or a visit to the nearest medical facility.

Carefully fill out the following information ensuring it is current and accurate (print legibly please):

PARTICIPANT'S / VOLUNTEER'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ WORK: _____

DATE OF BIRTH: _____ WEIGHT: _____

B.C. CARE CARD: Personal Health #: _____

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

IN CASE OF EMERGENCY:

1. NAME: _____ PHONE: _____

RELATIONSHIP: _____

2. NAME: _____ PHONE: _____

RELATIONSHIP: _____

NATURE OF DISABILITY / MEDICAL / HEALTH CONCERNS (PLEASE DESCRIBE):

MEDICATIONS AND/OR ALLERGIES: (PLEASE INDICATE TIME FOR MEDICATION):

FIRST AID OR PERSONAL CARE INSTRUCTIONS: _____

MEDICAL RELEASE

I grant permission to Recreation Integration Victoria/the Victoria Integration Society/the Disabled Sailing Association of B.C. and/or their designates to proceed in any manner they deem necessary in the case of a medical emergency involving myself (or my child/ward). I am releasing the right for this information to be shared with volunteers, recreation staff, and/or medical staff who are in contact or responsible for my (or my child/ward's) participation in the program.

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS (MANDATORY): _____

SIGNATURE OF PARENT/GUARDIAN: _____

(if participant is under 19 years of age, or if parent/guardian has legal committee ship or representation agreement is in place)

IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP or REPRESENTATION AGREEMENT IN PLACE? Yes ___ Initials___

PHOTOGRAPH RELEASE

Recreation Integration Victoria and their designates often take photographs/videos of participants and staff while programs are operating. These pictures may be used for promotional purposes, training, and public education.

I, _____ give my permission for photographs/videos to be taken of myself / my child/ward _____ and for these photographs/videos to be used for promotional/training/education reasons.

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS (MANDATORY): _____

SIGNATURE OF PARENT/GUARDIAN: _____ (If participant is under 19 years of age the person having legal authority to sign on the child's behalf, or in the case of an adult parent/guardian if there is a Legal Committee ship or a Representation Agreement in place).
