



Wilderness Adventurers of Ontario 2019 Membership Application Form

We wish to apply for membership in the **Wilderness Adventurers of Ontario Inc.**, a not-for-profit organization.

Notes: Family members under the age of 18 may participate in trips and events at the discretion of the trip leader provided they are accompanied by an adult member but cannot hold an individual membership. Any medical information that you provide is treated as private and confidential. The complete WA Privacy Policy can be downloaded from www.wildernessadventurers.com/join.php.

Address: _____ City: _____ Prov: _____	
Postal Code: _____ Telephone: Home (_____) _____	
APPLICANT 1	APPLICANT 2
Name: _____	Name: _____
E-Mail: _____	E-Mail: _____
Bus. (_____) _____ Ext: _____	Bus. (_____) _____ Ext: _____
Cell (_____) _____	Cell (_____) _____
Allergies/Food Restrictions: _____	Allergies/Food Restrictions: _____
Swimming Ability: (Can't) 1 2 3 4 5 (Strong)	Swimming Ability: (Can't) 1 2 3 4 5 (Strong)
Medical Conditions and/or Required Medications: _____	Medical Conditions and/or Required Medications: _____
Emergency Contact Name and Telephone #: _____	Emergency Contact Name and Telephone #: _____
Names and ages of minors that may participate in trips and events with you: _____	

How did you learn about Wilderness Adventurers?

- Internet Search
 Friend/Co-Worker
 Display Booth
 Brochure

Other (Please Specify): _____

Do you wish to receive the occasional notice and reminder via e-mail? Yes No

To reduce costs and use less paper, WA newsletters are e-mailed to members and made available on the club website.

Enclosed is: \$40.00 (one adult) \$80.00 (two adults) **For:** New membership Renewal

Please make cheque payable to **Wilderness Adventurers of Ontario Inc.** Do not send cash by mail. [Memberships for 2019 are valid until Dec 31, 2019.](#) Read and sign the release and waiver on page 2 of this form and forward both pages of the application with the appropriate fee to:

Wilderness Adventurers of Ontario
Brenda Davis, Membership Coordinator, 8 Lydia St, Kitchener ON N2H 1V3

This application is not valid without page 2 completed.

All applicants aged 18 or older must read the following release and waiver and indicate that they fully understand and accept the terms by signing and dating below. If you do not understand the terms please seek legal advice before signing.

This document affects your legal rights. Please read it carefully.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY

In consideration of being allowed to participate in **Wilderness Adventurers of Ontario, Inc.**, hereinafter called **WA**, sanctioned trips and events I accept the risks, known or unknown, that may result in personal injury, damage, permanent disability or death resulting from or in connection with my participation in club trips and events.

I am aware that outdoor activities, including but not limited to, rock climbing, mountaineering, hiking, backpacking, cycling, skiing, kayaking, canoeing and traveling in backcountry terrain can be extremely hazardous, and I am voluntarily participating in these activities with knowledge of the danger involved. I hereby agree to accept any and all risks of personal injury, death or damage resulting from or in connection with my participation in these activities. I am aware that other activities, including, but not limited to ice skating and picnics may be hazardous and hereby agree to accept any and all risks of personal injury, death or damage resulting from or in connection with my participation in these activities.

I understand that **Wilderness Adventurers of Ontario, Inc.**, hereinafter called **WA**, is not responsible for instruction regarding safety for any of its activities or activities facilitated by **WA** and that I am responsible for my own safety and proper equipment and clothing. I am not aware of any physical, medical or health condition that would interfere with my safe participation in these activities, and if any such condition exists, I agree to notify **WA** of this condition and refrain from any activity dangerous to my health.

I agree that I will not sue, or make any claim, and hereby fully and forever release and discharge from all actions, claims or demands which I may have against **WA** or any affiliated chapters, groups, directors, officers, guides, members, employees, agents, leaders, instructors, contractors and volunteers for my personal injuries including, but not limited to bodily injury or death or property damage, whether caused by an employee agent, leader, instructor, guide, member, participant contractor or volunteer of **WA** or any affiliated chapters, groups or otherwise as a result of or in connection with my participation in the above-described and any other activities sponsored, organized, facilitated and/or conducted by **WA**. The terms of this release shall be binding upon my heirs or personal representatives, heirs, successors, and assignees.

I agree to indemnify **WA** and its affiliated chapters, groups, directors, officers, members, employees, agents, leaders, instructors, members, participants, contractors and volunteers and each of them from any loss, liability, damage or cost they may incur in connection with the presence of my child or ward in any of the above - described activities, whether caused by the negligence of any officer, director, employee, agent, leader, instructor, guide, member, contractor or volunteer of **WA** or affiliated chapters, groups, or otherwise.

I expressly agree that this release, waiver and indemnity agreement is to be governed by the laws of the Province of Ontario and that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the Province of Ontario, and that if it is determined that any portion of this release, waiver and indemnity is not held enforceable or valid, the remaining portions shall, notwithstanding, remain in full legal force and effect.

I hereby state that I am eighteen years of age or older and have read and signed this release, waiver and indemnity below with my signature. I have read carefully this agreement and fully understand its contents. I am aware that this is a release of liability and a waiver of claims and an indemnification, and a contract between myself and **WA** and its affiliated chapters, groups, directors, officers, guides, members, employees, agents, leaders, instructors, contractors and volunteers and I sign it of my own free will, and I am not under the influence of any alcohol, drugs or narcotics.

Furthermore, I have been instructed to seek independent legal counsel regarding this release of liability and waiver of claims form prior to signing this waiver.

WA hereby reserves the right to refuse membership in, or revoke membership to, **WA**. In the case of revocation, the return of membership dues paid for the year in question will be the complete and final settlement to the member, of any and all claims against **WA**. **WA** further reserves the right to restrict participation of a member in any event.

Name of Applicant 1	Applicant's Signature	Date
---------------------	-----------------------	------

Name of Applicant 2	Applicant's Signature	Date
---------------------	-----------------------	------

Name of Applicant 3	Applicant's Signature	Date
---------------------	-----------------------	------

Name of Applicant 4	Applicant's Signature	Date
---------------------	-----------------------	------