



FWOC Adult Membership Registration Form -- 2009
For member rates at city events

**FOOTHILLS WANDERERS
ORIENTEERING CLUB**

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Registration information

| | |
|-------------------|---|
| Name: | Phone #: |
| Address: | E-mail: |
| City/Postal code: | Year of Birth: Gender: M / F |

Other Members of Same Household

| | | |
|-------|----------------|---------------|
| Name: | Year of Birth: | Gender: M / F |
| Name: | Year of Birth: | Gender: M / F |

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FWOC Membership Fees (select one)

| | | \$ cost |
|--|------|---------|
| Individual | \$10 | |
| Family (all adult family members must sign below) | \$20 | |
| Total fees due (\$20 maximum per household) | | |

Please make cheque payable to: "FWOC (club memberships)" and mail to:
M. Roberts, 6323 Larkspur Way SW, Calgary, AB T3E 5P9

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Release of All Liability (All members 19 and over)

NOTICE TO PARTICIPANT
*** Read this form first before signing ***
LIABILITY RELEASE AND WAIVER FORM

I, _____ 5, of the City of Calgary, in the Province of Alberta, hereby agree, acknowledge and confirm that:

- This Release is given in consideration of my being allowed to participate in any way in the orienteering services provided by Canadian Orienteering Federation, the Alberta Orienteering Association and/or the Foothills Wanderers Orienteering Club (referred to collectively as the "Orienteering Group").
- I acknowledge and fully understand that orienteering is an activity where I will travel by foot or other means in areas that may contain harsh terrain or wildlife, and I will be exposed to the elements. I will be engaging in activities that involve some risk of serious injury, including permanent disability or death, and severe personal and/or economic losses which result not only from my own actions, inactions or negligence but the action, inaction or negligence of others. Further, there may be unanticipated or unexpected risks which arise during such activities.
- I assume all of the risks of injury to myself or my property that may be sustained in connection with the orienteering activities provided by the Orienteering Group and accept personal responsibility for the damages following such injury, permanent disability or death.
- I release, waive, discharge and covenant not to sue the Orienteering Group, its affiliated clubs and organizations, their respective administrators, directors, agents, coaches and other employees, other participants, sponsoring agencies, sponsors, advertisers and owners and lessors of the land upon which the orienteering activities are provided (the "Releasees") and from any and all liability to me, my heirs, next of kin, administrators and assigns for any and all claims, demands, actions and causes of action of any sort for losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by negligence of the Releasees or any other fault.
- I consent to the non-commercial use of my photograph taken during an event, to the disclosure of any event results, and to the use of contact information by club officials.
- My participation in the orienteering activities is voluntary.

DATED this ___ day of _____ (month), 20____, in the Province of Alberta.

PARTICIPANT

WITNESS

PARTICIPANT

WITNESS