

**VERNON OUTDOORS CLUB MEMBERSHIP FORM
FOR THE YEAR BEGINNING 1 APRIL 2026**

**THIS FORM CONTAINS AN ACKNOWLEDGEMENT OF RISK, INFORMED CONSENT
AND RELEASE OF LIABILITY. READ FULLY BEFORE SIGNING.**

For ALL Participants in the Province(s) or other territories in which Vernon Outdoors Club activities are provided.

DISCLAIMER

This is a binding legal agreement. As a Participant in the programs, activities and events of the Vernon Outdoors Club, the undersigned acknowledges and agrees to the following terms:

The Vernon Outdoors Club (VOC) and respective directors, officers, committee members, members, 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, any injury or loss from:

- (a) any VOC activity;
- (b) trail maintenance;
- (c) animal attacks, including but not limited to bears, cougars, snakes and ticks;
- (d) extreme weather conditions which may result in heatstroke, sunstroke, hypothermia, frostbite or lightning strikes;
- (e) inhalation of viruses or infections including but not limited to Hantavirus Pulmonary Syndrome; Covid-19; Flu; etc;
- (f) executing strenuous and demanding physical techniques including hiking and scrambling, cycling and snowshoeing;
- (g) vigorous physical exertion;
- (h) exposure to grass, turf and other surfaces including bacterial infections and rashes;
- (i) falling to the ground due to uneven, slippery, steep, rocky or irregular terrain or surfaces;
- (j) failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- (k) spinal cord injuries which may render me permanently paralyzed;
- (l) any injury or loss related to travel to and from activities, events and programs; and (m) drowning.

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, dehydrated or adversely affected by weather conditions.

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 for me to participate in the Club's activities, events or programs, including but not limited to heart conditions or joint impairment;
- (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.

There will be **NO SMOKING, NO ALCOHOL CONSUMED, and NO DOGS ALLOWED**
on ANY VERNON OUTDOORS CLUB activity.

Vernon Outdoors Club Membership Form

Applicant

Name _____	<u>Activities:</u>	<u>Indicate Interest:</u>
Street Address _____	Social _____	_____
City _____ Postal Code _____	Canoe/Kayak _____	_____
Email _____	Cycling _____	_____
Phone _____	Hiking _____	_____
Emergency Contact Name _____	Rambles _____	_____
Emergency Contact Phone _____	Snowshoeing _____	_____
Signature _____ Date _____	Trail Maintenance _____	_____
	Chainsaw Experience _____	_____
Willing to assist on a hike _____, ramble _____, bike ride _____, or assist with other activities such as _____		

ACKNOWLEDGEMENT – VOC Membership

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 my heirs, executors, administrators, representatives and myself. I further acknowledge that the Organization’s primary method of communication with members is by e-mail, and that members of the Organization may take photographs of activity participants, which may be used in club publicity. Personal information (limited to name, email, phone number and interests) on this form will be circulated to all VOC members for the purposes of sharing information, organizing activities, and facilitating social contact within the VOC. Personal information will NOT be provided to third parties. **Hike and Bike Camps are intended to enhance the Club experience for "active Club members", priority for registering will be given to active Club members.**

If you do not want to share your personal information on the VOC General Membership List, please state your name below and initial. However, the VOC will, and must be able to use your contact information internally for distributing information to the membership and for organizing activities.

Name _____ initial _____

PAYMENT

PLEASE PAY VIA MAIL, BY CHEQUE, CASH OR E-TRANSFER WITH COMPLETED FORM

FEES ARE PAYABLE EACH YEAR BY 31 MARCH (50% ON OR AFTER 01 NOVEMBER)

Vernon Outdoors Club	E-transfer to treasurervoc2020@gmail.com	Single \$33.00
P.O. Box 1241	Attention: Douglas Neden	Student \$10.00
Vernon, B.C., V1T 6N6	<u>Signed membership form</u> to vocregistrar@gmail.com	80 Years +++ FREE
	Attention: Viv Allen	

Student Membership: student age 18 or more, enrolled full time in school – post secondary or similar.

Paid by: Cheque _____ Cash _____ E-transfer _____ Single \$33.00 _____ Student \$10.00 _____