



BOWEN ISLAND
SENIORS KEEPING YOUNG SOCIETY
(SKY)

Attention: SKY Membership Secretary

APPLICATION FOR MEMBERSHIP

NAME: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

Bowen Island, BC

Postal Code: V0N 1G__

Please provide Date of Birth (Optional) _____

I wish to become a member of SKY.

As of the date of this application my age is:

55 or Over
(ACTIVE MEMBER)

Under 55
(ASSOCIATE MEMBER)

I wish to assist the Society to achieve its objectives. Upon reaching the age of 55, I will advise the Society so that I can be reclassified to Active Member.

Please accept this as my application for membership:

NEW

RENEWAL

Applicant's Signature: _____ Date: _____

Note: Applicants will be advised of their admission to membership once this application has been reviewed and accepted by the board. Copies of Constitution and Bylaws will be provided via email.

To: BOWEN ISLAND SENIORS KEEPING YOUNG SOCIETY
Re: PUBLICATION CONSENT and EVENT, ACTIVITY, AND EXCURSION LIABILITY WAIVER

A) PUBLICATION CONSENT

I, the undersigned, hereby give permission to BOWEN ISLAND SENIORS KEEPING YOUNG SOCIETY to use my name and/or image as detailed below, for the purposes of assisting the Society in promoting its programs and activities.

I understand that my information and/or photograph may be used in print or in electronic form publications, such as brochures, newsletters, fact sheets, news articles, posters, audio/visual materials, web sites, social media or in other materials.

I want the Society to use my name and/or image only as indicated below (check those that apply):

How to use my Name:	How to use my image:
<input type="checkbox"/> Use of my name is permitted; however first name only is preferred	<input type="checkbox"/> Use of my image in any photographic form is permitted (printed, digital, electronic, etc)
<input type="checkbox"/> Do not use my name	<input type="checkbox"/> Do not use my image

B) Assumption of Risk and Indemnity Agreement

Organization: Bowen Island Seniors Keeping Young Society (herein referred to as SKY)

Description of activities covered in this agreement: Any activity, event, class, or excursion hosted by the above-named organization. This includes, but is not limited to: all fitness classes, parties, recreation and leisure activities, vehicular and/or public travel to and from excursion venues, *et cetera*.

The undersigned person, and their personal representatives, heirs and assigns, DO HEREBY:

1. FULLY RELEASE, AND AGREE NOT TO SUE the above-named organization for any and all claims and liability of personal injury that may occur during the ordinary conduct and procedure of the above-described activities. The undersigned further agrees to hold the name organization harmless, and indemnify them from any claim, judgment, or expense incurred by participation in the above-described activities.
2. UNDERSTAND that participation in the above-described activities involves risk of injury. The inherent danger is understood and voluntarily assumed.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

I UNDERSTAND I ASSUME ALL RISK INHERENT IN ANY SKY EVENT, ACTIVITY OR EXCURSION.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE TERMS.

Signature: _____

Name (printed): _____

Date: _____

E-Mail address if non-Member: _____