



Salmo Valley Trail Society Membership Form

Membership Information

First Name: _____

Last Name: _____

Phone Number: _____

E-mail: _____

Address: _____

Donation Amount: _____

**Cheques and applications can be mailed to:
Salmo Valley Trail Society
PO Box 193, Salmo, BC, V0G 1Z0**

Please read and sign waiver below

I/We understand and agree that this application is subject to the policies, rules, regulations and by-laws of the Salmo Valley Trail Society, in force at this time or any time in the future. I/We hereby agree to and will pay membership due in the amount determined by the Board of Directors of the Salmo Valley Trail Society.

RELEASE OF ALL LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration of the privilege of becoming members of the Salmo Valley Trail Society, I/we do hereby for myself/ourselves and for all children under the age of majority of whom I/we am/are legal guardians, my/our heirs, executors, administrators, successors, and assigns, release and forever discharge the Salmo Valley Trail Society, its officers, directors, employees, agents, successors, assigns, representatives, contractors, licensees and invitees and each of them from any and all losses, claims, damages, demands, actions, suits at law and in equity, judgments, and executions which I/we had, now have, or may in the future have, including, without limitation, losses, claims, damages, demands, actions, suits at law and in equity, judgments, and executions resulting from, in connection with, or arising out of social events, social gatherings, social functions, bike and/or other trips, travel to and from bike and/or other activities, any and all other sports activities, and any other activities of any kind or description in any way connected with the Salmo Valley Trail Society.

I/We acknowledge that the sport of bicycling is a dangerous activity that can result in personal or bodily injury, including but not limited to, personal injury or death, or loss of personal property, including but not limited to, bicycling equipment. Furthermore, in consideration for the privilege of becoming members of the Salmo Valley Trail Society, I/we on behalf of myself/ourselves individually, and on behalf of all children under the age of majority of whom I/we am/are legal guardians LISTED BELOW, and on behalf of my/our and their heirs, executors, administrators, successors or assigns, hereby agree to and will indemnify the Salmo Valley Trail Society, its officers, directors, employees, agents, successors, assigns, representatives, contractors, licensees and invitees and each of them and hold them harmless from any and all losses, claims, damages, demands, actions, judgments, executions, suits, filing fees, costs of collection, and attorney fees on a solicitor-client basis.

This agreement has been made in and for all purposes shall be construed in accordance with and governed by the laws of the Province of British Columbia, and the parties agree to attorn to the jurisdiction of the courts of British Columbia. The parties acknowledge that there are no covenants, representations, warranties, agreements or conditions, expressed or implied, collateral to or otherwise forming part of or in any way affecting or relating to this agreement and that this agreement constitutes the entire agreement between the parties. This agreement shall be binding upon and shall endure to the benefit of the parties and their respective successors and assigns.

I/We have read the foregoing APPLICATION AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT and understand all of the terms thereof. I/We execute it voluntarily and with full knowledge of its significance.

Please include all Family members' name, ALL ABLE APPLICANTS MUST SIGN:

Date: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____