

Salmo Valley Trail Society Membership Form

First Name:		Last Name:
Phone Number:		E-mail:
Address:		Donation Amount:
Please read and sigr	n waiver below	Cheques and applications can be mailed to: Salmo Valley Trail Society PO Box 193, Salmo, BC, V0G 1Z0
		s, rules, regulations and by-laws of the Salmo Valley Trail Society, in force membership due in the amount determined by the Board of Directors of the
RELEASE OF ALL LIABILITY AND	INDEMNIFICATION AGREEMENT	
forever discharge the Salmo Valley licensees and invitees and each of executions which I/we had, now had law and in equity, judgments, and expite bike and/or other trips, travel to and scription in any way connected with I/We acknowledge that the sport of all injury or death, or loss of personal becoming members of the Salmo V majority of whom I/we am/are legal assigns, hereby agree to and will insentatives, contractors, licensees a actions, judgments, executions, suit This agreement has been made in Columbia, and the parties agree to covenants, representations, warrant affecting or relating to this agreement binding upon and shall endure to the I/We have read the foregoing APPL terms thereof. I/We execute it volum Please include all Family members	Trail Society, its officers, directors, ethem from any and all losses, claims ve, or may in the future have, including executions resulting from, in connecting from bike and/or other activities, and the Salmo ValleyTrail Society. Dicycling is a dangerous activity that all property, including but not limited the falley Trail Society, I/we on behalf of guardians LISTED BELOW, and on the demnify the Salmo Valley Trail Society and invitees and each of them and hot is, filling fees, costs of collection, and and for all purposes shall be constructed attorn to the jurisdiction of the courts attorn to the jurisdiction of the courts attorn to the jurisdiction of the courts attorn to the parties and their respective benefit of the parties and their respective and with full knowledge of its solven and and with full knowledge of its solven and the parties and their respective and their full knowledge of its solven and the parties and their respective and the parties and their respective and their full knowledge of its solven and the parties and their respective and their full knowledge of its solven and the parties and their respective and the parties and their respective and their full knowledge of its solven and the parties and their respective and their full knowledge of its solven and the parties and their respective and the parties and their respective and the parties and their respective and the parties and the parties and their respective and the parties and	LITY AND INDEMNIFICATION AGREEMENT and understand all of the significance.
Date:		
Name:	Signature:	
Name:	Signature:	
Name:	Signature:	

Signature:_