

BARRIER RANGERS INC

MEMBERSHIP FORM

**THIS FORM MUST BE FILLED OUT AND SIGNED BY
EACH MEMBER ONCE PER YEAR UPON PAYING FEES
THIS FORM IS KEPT BY CLUB SECRETARY FOR THREE YEARS**

SURNAME _____ **GIVEN NAME** _____

ADDRESS _____

DATE OF BIRTH _____ **PHONE NUMBER** _____

EMAIL _____

Membership fees \$20.00 per person except

(a) children of member pay no fee if under 18 years old (application form still required with parent or guardian signing risk waiver)

(b) pensioner pay only \$10.00

AMOUNT PAID _____ **CASH** _____ **CHEQUE** _____

RECEIVED BY _____ **ON DATE** _____

MEMBERSHIP INSURANCE WAIVER

In voluntarily participating in any activity of the Barrier Rangers, I am aware that this may expose me to risk that could lead to injury, illness or death or to loss of or damaged to my property. Those risks that may include but are not limited to slippery, and/or uneven rocks being dislodged, swimming, diving, submerged logs and rocks, shallow and/or cloudy water, strong currents, falling at edges of cliffs or drops, hypothermia and heat exhaustion.

To minimise these risks I will endeavour to ensure:

That any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity. I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity.

I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read or heard and understand these requirements; I have considered the risks before choosing to sign this form. I still wish to participate in the activities of the BARRIER RANGERS. I agree by signing this form to waive any claim for damages arising from this activity that I may have against the club, the leader or other participants in tort or contract.

DATE _____ **NAME(PRINT)** _____ **SIGNATURE** _____