



Sooke Classical Boating Society

Membership Form

Date: _____

Name: _____
First _____ Last _____

Phone: Cell: _____ Home: _____

Email: _____ @ _____

Emergency Contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Permission to add name/contact info to SCBS list: Yes (initial) _____ No _____

Boating certification(s)	
Involvement with longboats	

Use Waiver and Release Agreement

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

IN CONSIDERATION of my being permitted to participate in the activities and functions (all of which are now referred to as “the activities”) offered or organized by the Sooke Classical Boating Society, I hereby for myself, my heirs, executors, administrators and assigns, release and forever discharge the Sooke Classical Boating Society and their directors, officers, employees, agents, servants, leaders, contractors, volunteers and managers, (all of which are referred to as Sooke Classical Boating Society) from and against all claims, actions, costs, expenses, and demands by reason of any damage, loss, death or injury to my person or property, howsoever caused, arising out of or in connection with my participation in activities notwithstanding that the same may have been contributed to or occasioned by the negligence of the Sooke Classical Boating Society.

I also agree to save harmless and indemnify all landowners whose property I may cross or travel on, or whose facilities I may use, from and against all claims, actions, costs, expenses and demands in respect of any death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with the activities notwithstanding that the same may have been contributed to or occasioned by the negligence of the said landowners.

I RECOGNIZE AND ACKNOWLEDGE that the following risks, hazards, and dangers are inherent in the activities:

1. Sudden changes in, and extremes of weather and sea conditions
2. Equipment failure
3. Falls on steep terrain including slippery beaches/docks
4. Water hazards, including wave action, currents, capsizing or swamped kayaks, canoes or other water craft, as well as mishaps while wading, swimming, or diving
5. Collisions or road mishaps of any kind, whether on public or private roads while engaged in, or travelling to or from, any Sooke Classical Boating Society activity
6. All other risks, hazards and dangers associated with the activities

All of which risks, hazards and dangers may cause discomfort, damage, injury, loss or death to my person or property.

I ALSO RECOGNIZE AND ACKNOWLEDGE that the following events and conditions can cause or contribute to the inherent risks, hazards and dangers of the activities:

1. Inappropriate or inadequate equipment or clothing
2. Poor or inadequate physical fitness or health
3. Failure to obey the directions of the instructors, guides, or leaders
4. Failure to exercise good judgment or pay due care and attention

I UNDERSTAND THAT THESE RISKS, HAZARDS and DANGERS INCLUDE WITHOUT LIMITATION:

1. Risks involved in decision making
2. Risks involved in sailing and being aboard small boats
3. And all such other risks, hazards and dangers not specifically mentioned herein, which may be associated with being on water

I AGREE to assume all such risks, hazards and dangers, and further agree to bear all costs of rescue and medical treatment rendered to me, or for my benefit, arising from the activities.

I RECOGNIZE and ACKNOWLEDGE that in addition to contracting for the above provisions on their own behalf the Sooke Classical Boating Society is also contracting as agent for, and to the benefit of, their officers, managers, servants, agents, leaders, employees, members, directors, contractors, volunteers, and all persons acting under the authority of Sooke Classical Boating Society.

I HAVE READ THIS INDEMNITY AND RELEASE OF LIABILITY AND ACCEPT ITS TERMS, AND IN WITNESS WHEREOF,

have hereunder set my hand: _____
Date

Signature of Participant
(or of parent/guardian if participant is under age 19)

Printed Name of Participant

Signature of Witness

Printed Name of Witness