



# MEMBERSHIP FORM

*Revised February 2021*

Please complete this form to become a member of the BC Seniors Games Society (BCSGS). The membership year is from January 1 to December 31. The annual membership fee is \$20.00 and is non-refundable under any circumstances. Members **MUST** complete and sign the **Release of Liability, Waiver of Claims and Assumption of Risk** in addition to the membership form.

**Please print**

SPORT \_\_\_\_\_ Zone # \_\_\_\_\_  
*(if applicable)*

Preferred First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Email Address \_\_\_\_\_  
*(To receive BCSGS correspondence and information pertinent to the Games)*

Gender Male  Female  Birth Date YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_

- To participate in the 55+ BC Games and zone playdowns (if required), members are required to complete and sign the **Registration form** in addition to being members in good standing with BCSGS. Supporters are required to complete and sign the **Registration form** in order to attend and participate in the activities offered during the Games.
- There will be additional fee(s) for members who register to participate in the Games.
- The membership form and the Release of Liability, Waiver of Claims and Assumption of Risk will be stored as part of the Zone records as per File Retention policy in BCSGS Policies and Procedures manual.
- Member information contained on this form is collected in accordance with the BCSGS Personal Information Protection Policy, which is in accordance with British Columbia's *Personal Information Protection Act*. Additional information can be found at [www.55plusbcgames.org/privacy-policy](http://www.55plusbcgames.org/privacy-policy)
- Member's images or video footage, in whole or in part, individually or in conjunction with other images and video footage, may be displayed on the 55+ BC Games website, Facebook, Instagram or Flickr accounts and may be used for media purposes including promotional presentation and marketing campaigns. Members will not be compensated for the use of their image.
- As a member, you will receive email messages regarding membership, programs and activities of the BC Seniors Games Society. A member may unsubscribe to these messages at any time by using the link at the bottom of the email or by emailing a request to [info@55plusbcgames.org](mailto:info@55plusbcgames.org)

Signature:	Date:
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**FOR ZONE USE ONLY:** Registrars/Coordinators may use this section as part of their record keeping:

BCSGS Membership ID#	Membership Card issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Membership fee \$20	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
	Other _____			



# RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK

**WE STRONGLY RECOMMEND ALL PARTICIPANTS OBTAIN SUPPLEMENTAL HEALTH/DENTAL INSURANCE TO PROTECT THEIR INTERESTS IN THE EVENT OF INJURY WHILE PARTICIPATING IN THE GAMES. THE HOST SOCIETY, THE BC SENIORS GAMES SOCIETY, AND THE PROVINCE OF BRITISH COLUMBIA DO NOT ASSUME RESPONSIBILITY FOR LOSS OF WAGES, MEDICAL, DENTAL OR HOSPITAL CARE FOR PARTICIPANTS, SUPPORTERS, OFFICIALS, OR VOLUNTEERS DURING THE GAMES OR AS A RESULT OF PARTICIPATION IN THE GAMES. BY SIGNING THIS DOCUMENT, YOU WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!**

Initial

I, \_\_\_\_\_ (please print name of member) agree that in consideration of being permitted to participate in the 55+ BC Games (the "Event") and all related activities (the "Activities"), organized or operated by the Host Society, BC Seniors Games Society and the Zone:

- A. I WAIVE ANY AND ALL CLAIMS I MAY NOW HAVE AND IN THE FUTURE HAVE AGAINST, AND RELEASE FROM ALL LIABILITY AND AGREE NOT TO SUE the Host Society, the BC Seniors Games Society and the Province of British Columbia, their members, officers, directors, employees, sponsors, independent contractors, volunteers and agents (collectively, the "Released Parties") for any personal injuries, death, property losses or infection or exposure to any contagious disease, including but not limited to COVID-19, which I may suffer as a result of my participation in the Event and/or the Activities due to any cause whatsoever, including, without limitation negligence, breach of statutory duty including duties arising from occupier's liability legislation on the part of the Released Parties.
- B. I ACKNOWLEDGE THAT THERE ARE SERIOUS DANGERS AND RISKS OF BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH, AND PROPERTY LOSS INHERENT IN PARTICIPATING AT THE 55+ BC GAMES. These dangers and risks may be caused by my own actions, inaction or negligence or by the action, inaction or negligence of others including the Released Parties or other members in the Event and/or the Activities.
- C. I FULLY ACCEPT ALL THE ABOVE DANGERS AND RISKS, AND ASSUME ALL RESPONSIBILITY for any loss that I may suffer as a result of my participation in the Event and/or the Activities.
- D. In entering in to this agreement, I am not relying on any oral, written or visual representations or statements made by the Released Parties to induce me to participate in the Event and/or the Activities.
- E. I confirm that I am 19 years or age or older and I have read and understood this agreement prior to signing it and agree that this agreement will be binding on my heirs, next of kin, executors, administrators and successors.
- F. The novel coronavirus, also called COVID-19, has been declared a pandemic by the World Health Organization. COVID-19 is highly contagious. Participating in the Event and in any Activities increases a Member's risk of exposure to and contracting COVID-19 and other contagious diseases, which can result in illness, personal injury, permanent disability or death.
- G. I am responsible for my choice of safety or protective equipment and the secure fitting of that equipment.

SIGNED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_ Signature \_\_\_\_\_

WITNESS printed name \_\_\_\_\_ WITNESS signature \_\_\_\_\_