



P.O. Box 691
Saint John NB
E2L 4B3
www.sjoe.ca

**APPLICATION FOR MEMBERSHIP
AND
ASSUMPTION OF RISK WAIVER**

I am/We are aware that travel, whether in civilized or remote areas and whether by auto or other conveyance, or on foot, bicycle, canoe or the like, contains some inherent risks of illness, injury or death, which may be caused by negligence of others, physical exertion for which I am not prepared, consumption of alcoholic beverages, forces of nature or other agencies known or unknown. I/We acknowledge that the enjoyment of club activities is derived in part from the inherent risks incurred beyond the accepted safety of life at home or work and these inherent risks contribute to such enjoyment, being a reason for my participation.

I/We recognize that such risks may be present before, during and after an event or activity that I/We participate in under the arrangements of Saint John Outdoor Enthusiasts! I am/We are aware that medical services and facilities may not be readily available or accessible during some of the time that I am/ We are participating in events or activities.

In consideration of the right to participate in events and activities, I/We have and do hereby fully assume all risks of illness, injury or death, and hereby release and discharge the Saint John Outdoor Enthusiasts!, its directors and members from all actions, claims or demands for damage resulting from participating in events and activities. I/we agree that the foregoing obligation shall be binding on me personally, as well as upon my/our heirs, executors and administrators, and all members of my/our family, including any minors accompanying me/us.

I/We have carefully read this waiver and understand its contents. I am/We are aware that this is a release of liability and sign it of my own free will and in its entirety.

(All adult applicants or guardians must sign)

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Address: _____

Postal Code _____ - _____

Phone Number: _____ Email: _____

Phone Number: _____ Email: _____

Choose Membership: New Renewal Single \$10 Family \$15

Send signed form with fee, payable to:
Saint John Outdoor Enthusiasts!
POB 691, Saint John, NB E2L 4B3

-or-

INTERAC e-TRANSFER TO: june.hicks@bellaliant.net.
Use this security question: What are the Club's initials? Use this Password: SJOE

Memberships cannot be processed without the signed waiver form.

Amount Received	\$ _____
Membership #	_____