



Harbour City Photography Club

P.O. Box 957 Station "A" Nanaimo BC V9R 5N2

membership@hpcclub.ca

MEMBERSHIP APPLICATION (ONE PER PERSON)

Last Name:

First Name:

Address:

City:

PC:

Email:

Phone:

Membership Options:

Fees:

For Family Memberships - Name of Family Member:

Paid by:

Transaction / Chq #

Email Authorization - I agree to be on the mailing list for newsletter, chats and updates:

HPCPC LIABILITY RELEASE FORM

This form is a legal document. By signing this form, you accept sole and absolute responsibility for your own personal safety and of your property while taking part in Club activities. You forever and absolutely release the Club, directors, officers, members and trip leaders from all responsibility for any accident, injury or loss of you may suffer or sustain by taking part in any activity, including a field trip or outing, organized by the Club.

Read this form before signing. If you have any questions, consult a lawyer. Once you sign this form, you cannot make any claim of any kind against the club for any injury, loss or damage to you or your equipment of any kind.

I, the undersigned, declare that I am at least 19 years old or, if the person participating in the activity is under 19 years of age, then I am the legal guardian of such participant and sign this form on his or her behalf. By signing this form, I acknowledge that the activities of the Harbour City Photography Club are arranged and led by volunteer, amateur personnel.

In consideration of being allowed to take part in activities of the Club, I hereby freely and voluntarily accept full and absolute sole responsibility for, and I forever and absolutely release and discharge the Club, its directors and officer, members and trip leaders from any injury, loss, damage or cost that I may suffer or sustain, including property damage and personal injury or death. This release is binding on my heirs, successors, assigns and personal representatives.

This Release is contractual in nature and not merely recital.

Member Signature:

Signature of Guardian:

Printed Name:

Date Signed:

Membership Chair Signature: