

Parksville Seniors Activity & Drop In Centre
MEMBERSHIP APPLICATION FORM

Today's Date: _____

Name: First _____ Last: _____

Current Address: _____ Town: _____

Postal Code: _____ E-Mail Address: _____

Mailing Address (if different): _____

Telephone: _____

Date of Birth (optional): _____

Would you like to be on our email list? Yes No

Emergency Contact: Name _____ Telephone _____

Are you a new member?

Would you be willing to volunteer?

What activities are you interested in? _____

OFFICE USE ONLY

<u>PAID</u>	<u>DATE</u>	<u>MEMBER NO.</u>	<u>GREETER</u>
2025	_____	_____	_____
2026	_____	_____	_____
2027	_____	_____	_____
2028	_____	_____	_____
2029	_____	_____	_____

WAIVER

Please read **carefully** before signing.

I _____ acknowledge, understand,
(Print first and last name) accept and agree to the contents of this WAIVER, in
it's entirety and do so freely and voluntarily without any inducement.

I understand that there is a potential risk of injury or risk to my health associated
with any activity.

Should any issue arise, which may adversely affect my ability to safely take part in
any Parksville Seniors Activity and Drop in Centre (PSADIC) activity, then the
Board of Directors shall be informed and will have the final decision regarding my
capacity to safely participate. In this case, **in order to participate**, it is essential
for my safety and well-being that I seek medical advice and approval from my
health provider.

I understand that the parties responsible for managing, leading and organizing
PSADIC activities assume no responsibility for personal injury to myself or health
related issued or for the loss of or damage to my personal property.

In consideration of participation in PSADIC, I hereby release and waive all liability
for any claims that I have or may have in the future, for any loss, damage, injury,
health related issue, or expense that I may suffer as a result of attending or
participating in any PSADIC activity or event.

Year	Date Signed	Signature
2025	_____	_____
2026	_____	_____
2027	_____	_____
2028	_____	_____