Kaslo Outdoor Recreation and Trails Society (KORTS)
Fall 2018 – Spring 2019 MEMBERSHIP APPLICATION

KORTS Membership $5 _____or Membership #_____

Membership Type (please ✓):

Adult $35_____Child (under 18) $20 _____ Family $100_____

Name(s):_____

Address:_____

Phone #:_____ Email:_____

Fees: Membership dues (see above): _____
Additional donation to support club: _____
Total _____

Please Read and Sign the Liability waiver below

Amount payable by cash or check only**. Please make checks payable to "KORTS"**

You can drop off at Barren's Sport or Kaslo Kayaking in Kaslo or mail to PO Box 1258, Kaslo, BC. V0G 1M0

RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK

To: Kaslo Outdoor Recreation and Trails Society (Kaslo Cross Country Ski Club)
I waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue Kaslo Outdoor Recreation and Trails Society and their affiliates, officers, employees, instructors, leaders (volunteer or other), agents or representatives (collectively the "Released Parties") for any personal injury, death and property damages, expenses or loss sustained by me as a result of my participation in the above 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 but is not intended to affect any rights I have under Provincial Worker's Compensation legislation.
I am aware that there are serious dangers and risks inherent in winter recreation, and travel to and in including but not limited to the following: MOUNTAIN TERRAIN, ROCKFALL, WEATHER, THE RELEASED PARTIES AND OTHER PARTICIPANTS, EQUIPMENT FAILURE. I accept all the inherent risks of the above activity and the possibility of personal injury, death, property damage or loss resulting there from. I agree that I will be fully responsible for all costs and expenses which may be incurred in providing any special services to myself, outside of regular services agreed to or provided by the Released Parties in connection with the activities.
Warning: By Signing This You Are Waiving Your Legal Rights and You Give Up the Right to Sue
I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me (as guardians), my heirs, next of kin, executors, administrators and successors.

SIGNED THIS _____ DAY OF _____, 20___.

Name:_____ Signature:_____