



The Dragon Flies Breast Cancer Survivor Group, Box 691, Lindsay, ON K9V 4W9

**MEMBERSHIP REGISTRATION FORM (Revised September 2025)**

Registered non-profit and Incorporated Charity – Registration # 81554 0356 RR0001

Annual Registration Fee - \$60.00

Cheques made payable to: The Dragon Flies **OR** E-transfer To: [accounting@thedragonflies.org](mailto:accounting@thedragonflies.org) PW: Oakwood

Memo Line to read: Your name – Membership Fees

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_

☐ I consent to allow The Dragon Flies to share all my personal contact information with all members, which will help keep me informed of organizational information updates and other participatory events.

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM / DD / YYYY

Breast Cancer Survivor: ☐ Yes OR ☐ \*\* N

Swimmer: ☐ Yes OR ☐ N

**\*\* (Please see Back of Page; Waiver Item #5)**

Medical Conditions:

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Allergies:

Medications

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**Emergency Contact:**

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

☐ Yes, I agree to provide The Dragon Flies with the above personal information for the purpose of my health and welfare as a member of The Dragon Flies Breast Cancer Survivor Group. The Dragon Flies remain committed to maintaining your privacy and do not share our member information with those not involved with the organization.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE:**

Fee Rec'd: \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Signature \_\_\_\_\_  
☐ Cash ☐ Cheque ☐ eTransfer

**PLEASE READ, COMPLETE IN FULL – SEE REVERSE SIDE**



[www.thedragonflies.org](http://www.thedragonflies.org)



**Please Read Carefully**

**WAIVER, RELEASE & INDEMNITY  
THE DRAGON FLIES BREAST CANCER SURVIVOR GROUP**

1. I, \_\_\_\_\_ being \_\_\_\_\_ years old, in consideration for receiving permission to participate in The Dragon Flies Breast Cancer Survivor Group activities (herein referred to as the "Activities", which may include dragon boat racing, on and off water practice, training or instruction, or any other event involving The Dragon Flies Breast Cancer Survivor Group), hereby give a FULL RELEASE AND WAIVER to The Dragon Flies, its directors, officers, servants, agents, volunteers, and employees (herein referred to as "Releasees") FROM ANY AND ALL LIABILITIES OR CLAIMS FOR DAMAGES, INCLUDING INJURIES OR DEATH, that may be sustained by me or my property while participating in such Activities or while on the premises owned, leased or occupied by The Dragon Flies, INCLUDING INJURIES OR DAMAGES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF ONE OR MORE OF THE RELEASEES.
2. AGREE NOT TO SUE, and I further AGREE TO INDEMNIFY AND SAVE HARMLESS the Releasees from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in these Activities.
3. I am fully aware that there are inherent risks involved with the Activities, including physically strenuous activities, and I choose to voluntarily participate in said Activities with full knowledge that said Activities may be hazardous to me and my property. I know of no medical reason why I should not participate. I hereby GIVE PERMISSION for the activity leaders to seek emergency medical, rescue or evacuation services for me should I become injured or ill with the understanding that I AM RESPONSIBLE FOR ANY EXPENSES INCURRED and understand that may be attended to by activity leaders until medical care is available.
4. I acknowledge that photographs and video tapes may be taken during the activity and hereby authorize and permit reproductions of these photographic materials to be used in promotional activities initiated by The Dragon Flies and by signing below give them unqualified release for the use of the same.
5. I have a complete understanding that I am joining as a Breast Cancer Supporter. I am aware that all Supporters that join must paddle with The Dragon Flies Dragon Boat Team. \_\_\_\_\_  
**Please Initial**
6. In signing this Waiver/Release, I acknowledge and represent that I have read the foregoing Waiver, Release and Indemnity, understand it and sign it voluntarily. I am aware by signing this agreement I am waiving substantial legal rights (on my behalf of my heirs, executors, administrators and next of kin), including the giving up of my right to sue.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ .20 \_\_\_\_\_

Participant Name: \_\_\_\_\_ Witness Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_



## JOIN A COMMITTEE

Name: \_\_\_\_\_

The Dragon Flies Breast Cancer Survivor Group is a volunteer driven organization. Participation on a committee provides you with an opportunity to get to know your sister members so much better. You will laugh, then laugh some more. There is no better way to support each other, have fun and help raise public awareness.

**Committee of Interest:**    ☐ Within the next 2 years    ☐ Within the next 5 years

- ☐ Board of Directors
- ☐ Clothing & Merchandise
- ☐ Social, Wellness Programs & Correspondence
- ☐ Fleet & Equipment
- ☐ Membership
- ☐ Fundraising
- ☐ Dragon Boat Committee
- ☐ Special Events (Diva Night, Golf Tournament etc)

**Skills, experience and interests (Please check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Finance/Accounting        | <input type="checkbox"/> Education      |
| <input type="checkbox"/> Human Resources           | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Grant Writing  |
| <input type="checkbox"/> Non-Profit/Fundraising    | <input type="checkbox"/> Procurement    |
| <input type="checkbox"/> Community Service         | <input type="checkbox"/> Health Care    |
| <input type="checkbox"/> Policy Development        | <input type="checkbox"/> Legal          |
| <input type="checkbox"/> Public Relations          | <input type="checkbox"/> Other _____    |

**Please tell us anything else you'd like to share with the Membership Committee.**