



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

MEMBERSHIP REGISTRATION FORM (Revised NOV. 2023)

Registered non-profit and Incorporated Charity - Registration # 81554 0356 RROOO1
Annual Registration Fee - **\$50.00** Cheques made payable to: The Dragon Flies

First Name _____ Last Name _____

Mailing Address _____ P.C. _____

Email Address _____

I consent to allow The Dragon Flies to share my personal email address in order to keep informed of organizational information and updates.

Telephone: _____ Cell: _____ Date of Birth: _____

Breast Cancer Survivor: **YES OR NO**

Swimmer: **YES OR NO**

Medical Conditions:

Allergies:

Medications:

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. The Dragon Flies remain committed to maintaining your privacy and do not share our member information with those not involved with The Dragon Flies organization.

Applicant's Signature _____ Date _____

FOR OFFICE USE:

FEE REC'D: \$	DATE REC'D:	SIGNATURE:
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PLEASE READ, COMPLETE IN FULL - ALSO SEE REVERSE SIDE



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 the 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.

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 that by signing this agreement I am waiving substantial legal rights (on my behalf and on 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: _____
(PRINT)

Witness Name: _____
(PRINT)

Participant Signature: _____

Witness Signature: _____