



**NATURE LEAGUE**  
 P. O. Box 572,  
 Collingwood, Ontario, L9Y 4E8

**Membership / Waiver and Assumption of Risk**

I / We would like to renew our membership in the Nature League / become a new member(s) and by so doing and by our signature(s) acknowledge that I / we have read the waiver and assumption of risk statement below and fully understand and agree with all aspects of it.

Renewal \_\_\_\_\_ New member \_\_\_\_\_

Name(s): *Each family member* \_\_\_\_\_  
*Please print here and sign at bottom of page*

Address: \_\_\_\_\_  
*Please print* Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail(s): \_\_\_\_\_

Fee: \$35.00 (per person): (DUE JULY 1<sup>st</sup> EACH YEAR)  
 (Includes Name Badge for New Members only) ..... \$ \_\_\_\_\_

Voluntary donation to League: ..... \$ \_\_\_\_\_

Nature League REPLACEMENT Name Badge *if needed* (\$10.00) \$ \_\_\_\_\_  
*Name:* \_\_\_\_\_

Date: \_\_\_\_\_ Total: \$ \_\_\_\_\_

**Tax receipts are issued for Membership Fees and Donations.**

**Waiver and Assumption of Risk Statement**

A member or members of the Nature League (legally The Senior League Endowment Society of Collingwood Inc., hereinafter referred to as Nature League) as specified above, acknowledge by their signatures that:  
 Any activity sanctioned by the Nature League in which they are participating may involve risks, which are beyond the control of the Nature League. Notwithstanding the acknowledgement of such risks they hereby release the Nature League, its officers, directors, activity organizers, leaders, volunteers, members, employees, contractors, assigns and executors from any and all claims for damage however arising as a result of their participation in any of the activities sanctioned by the League. They agree to pay the cost of any emergency evacuation of their person(s) or belongings that may be necessary. They affirm that they are aware of the nature of the Nature League sanctioned activity, its length, duration and degree of difficulty and that they are properly equipped and physically able to participate. They affirm that they have no medical or other conditions, which might preclude their participation. They agree to follow the instructions of any leader or activity director. This release is binding upon their heirs, executors and administrators.

Signature(s) \_\_\_\_\_  
*(Each family member)*

**PLEASE SEE OVER**

