## ABLE SAIL / HAND-VOILE INC. P. O. Box 9061, SHEDIAC N.B., E4P 8W5

Tel. (506) 533-9750

www.ablesail.ca

# MEMBERSHIP FORM FORMULAIRE D'ADHESION 2012

we wish to become a member(s) of Nous désirons devenir membre(s) d'ABLE SAIL / HANDI-VOILE INC.

 Name/Nom \_\_\_\_\_\_ Telephone, \_\_\_\_\_\_

 Address \_\_\_\_\_\_
 Postal Code \_\_\_\_\_\_

 Address \_\_\_\_\_\_\_
 Postal Code \_\_\_\_\_\_

 Code postal
 Code postal

 Email/Courriel \_\_\_\_\_\_\_
 Postal Code \_\_\_\_\_\_\_

 Active Member Member Actif
 Family/famille Individualépersonne Group Home Foyer groupe
 20.00

 Ker require your list of sailors) (Liste des marins obligatoire)
 \$10.00

# PLEASE RETURN TO/PRIÈRE DE RETOURNER À

ABLE SAIL / HANDI-VOILE INC. P. O. Box 9061 SHEDIAC N.B. E4P 8W5

#### <u>ABLE SAIL / HANDI-VOILE INC.</u>

### WAIVER OF CLAIMS

\_\_\_\_\_ am aware in signing this document for Ι participation in this Able Sail / Handi-Voile Inc. Sailing program that certain elements of the program are physically, mentally, socially and emtionally demanding. Furthermore, I understand that certain risks and dangers such as those listed below exists in the activities in which I will be participating. These risks include loss or damage to personal property, injury or fatality due to inclement weather, slipping, falling, immersion in cold water, hypothermia (cold exposure) hyperthermia (heat exposure) or suffering any type of accident or illness whilst on the water without immediate access to medical facilities, or while proceeding from our Cabin to and from our boats. I acknowledge that while the program and its staff will make every reasonable effort to minimize exposure to known risks, all dangers (hazards and perils) associated with our activities cannot be foreseen. I have personal duty and responsibility to follow all instructions from our sailing staff who are trained to follow exact operating procedures as laid down by our rules of operation. Should I have doubts or questions concerning any instructions I will make the sailing staff aware of that particular situation or of my inability to follow those instructions.

<u>I understand and assume all dangers (hazards and perils) and risks associated with this</u> program and waive all claims or causes of action arising in the Able Sail/Handi-Voile Inc. Program and <u>do hereby release all persons or agents from liability, or otherwise,</u> which I may have against the Able Sail/Handi-Voile Inc. Program, it successors and assigns, its Board of Directors, and its officers, employees, volunteers, agents and their heirs executors and assigns. Furthermore, I give my consent to the members of the staff team to treat me in an emergency situation. My signature on this document is also intended to bind my successors, heirs, representative, administrations and assigns.

Signature	Witness	Date	
Name	Phone		
Address			
City	Province	Postal Code	
Email			