



Membership and Waiver Form

A signed form is a requirement of our Risk Management Advisors and Insurers for each Chilliwack & District Seniors' Resources Society (CDSRS) member participating in our Bus Trips and Activities. This form will be stored as part of our membership records and is considered confidential.

WAIVER: The following information is collected for Activity or Bus Trip Members and is to be used in the case of an Emergency only. This information will not be shared except with First Responders.

Preferred First Name: _____ Birth Date: _____

Full Legal Name: _____

Street Address: _____

City: _____ Postal Code: _____

Email Address: _____

Would you like to receive email updates Y/N

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Name (must not be on trips with you) _____

Phone # _____

Drug Allergies or Medical Conditions: _____

Please be aware: From time to time, we take photos of members to share on our website, in our office, in local advertisements or on our Facebook page. Members who participate in our Activities and Bus Trips do so entirely at their own risk and will not hold the CDSRS, their staff and volunteer workers responsible for injury, loss or damage occurring during any Activity or Bus Trip. Participants agree to release, discharge, and undertake not to commence any action against the CDSRS from all claims and causes of action, or liability of any kind whatsoever for injuries, property damage, or death, which in any way results from participating in the Activities or Bus Trips. The CDSRS does not assume responsibility for loss of wages, medical, dental or hospital care for members or volunteers during the activities and Bus Trips. The CDSRS guarantees that a current ICBC policy is in place with the recommended \$10,000,000.00 liability. Members on bus excursions outside of BC will be required to provide us with proof of travel/medical insurance.

I have read, understood, and agree with all the above. Signature _____

Office use only *****

Date Paid		Expires		\$30	\$	D	V	M	MCR
Date Paid		Expires		\$30	\$	D	V	M	MCR
Date Paid		Expires		\$30	\$	D	V	M	MCR

Expired Membership Phone Reminder

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☐ New
Entered in GW
Date: _____

☐ Renew
Entered in GW
Date: _____

☐ Renew
Date: _____

☐ Entered in MC