



LMCA Membership Renewal

Short form 2017/18

Valid till October 31st 2018

No changes to address, household, interest

- Annual Family Membership: Sliding Scale \$30 to \$60**
(Recommendation \$40)

Please mail form with cheque to:

Lorne Mountain Community Association, Box 10009, Whitehorse YT Y1A 7A1

Name (Family) _____

Please renew my membership based on data provided last year – no changes to contact etc..

Email contact _____

I am aware of all

LMCA Member Rights and Responsibilities as presented in previous years

CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities organized by LMCA.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property.

I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these LMCA activities and events, I agree to release from liability, agree to indemnify, and hold harmless LMCA, and any LMCA agent, officer or LMCA employee acting within the scope of their duties, for any injury to my person or damage to my property. This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the LMCA, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name (PRINT):

Legal Name (SIGN):

Parent/Guardian (SIGN):

Date: _____
