

ARMSTRONG SPALLUMCHEEN TRAILS SOCIETY



MEMBERSHIP APPLICATION & WAIVER

For the fiscal year: _____

First Name: _____ Last Name: _____

Mailing Address: _____

Postal code: _____ Phone: _____ Email: _____

(All communication is by email)

Dependent Family Members (under the age of 19 years) who might regularly use the trails with you:

Circle the membership you are purchasing (we take e-transfer, cash or cheque):

\$10.00 / Single

\$25.00 / Family

E-transfer funds (using our e-mail address (astrailssociety@gmail.com) through your financial institution. Make cheques payable to “Armstrong Spallumcheen Trails Society”. We need this form filled out and either scanned to astrailssociety@gmail.com or mailed to the address below.

This Membership Application & Waiver, Fees and Donations can be mailed to ASTS, c/o **4124 Noble Road, Spallumcheen, BC, V4Y 0K8** and include a cheque for payment – or - dropped off with your payment at the Armstrong Spallumcheen Chamber of Commerce, 3005 Wood Ave, Armstrong, BC.

Society membership benefits:

- o Involvement in decision making on trail development, trail improvement and maintenance
- o Participation in activities with like-minded people
- o Fresh air, exercise and companionship with good company
- o Nature interpretation and other outdoor information

ACKNOWLEDGEMENT & WAIVER OF LIABILITY

The undersigned, on his/her own behalf, and on behalf of any dependents under the age of 19 years listed above, acknowledges that outdoor recreational activities and trail maintenance may involve risks, including but not limited to the risk of physical injury or death and the damage to and loss of property. In consideration of receiving Society membership, the undersigned, on his/her behalf, and on the behalf of any dependent under the age of 19 years, assumes all the risks of death, injury, property damage and other damage arising from any hazards of the Armstrong Spallumcheen Trails Society activities and hereby releases the Society, its members and executive and all others participating in the Society activities from any liability that may, but for this clause, be incurred by reason of negligence or other breach of duty arising out of those activities.

I have read this Waiver of Liability and fully understand its terms, understand that I have given up substantial right by signing it and sign it freely and voluntarily without any inducement. Each applicant must sign on his/her own behalf and for his/her dependents:

On my own behalf:

Signature: _____

Date: _____

On behalf of my dependents listed above:

Signature: _____

Date: _____