



GRASSLANDS NATURALISTS

BOX 2491, MEDICINE HAT, ALBERTA T1A 8G8

Membership Form for 2015

YES! I would like to be part of the Society of Grasslands Naturalists.

Name: _____ **Name of 2nd Family Member:** _____

Address: _____

Membership:
Individual: \$20/year _____

City / Prov: _____

Family: \$25/year _____

Postal Code: _____

Organization: \$25/year _____

Telephone: _____

Donation: _____ **Tax Receipt Available**

Email: _____

TOTAL ENCLOSED: _____

Prefer to receive GN Chronicle by: Post _____ Email _____

Signature(s): _____

Date: _____ **Date:** _____

Informed Consent and Waiver Form for 2015

I may wish to participate in field trips and events organized by Grasslands Naturalists.

I affirm that as a participant I am prepared to stay with the group and follow the directions of the coordinator. If I choose to bring my child(ren)/ward(s), I will ensure they also stay with the group and follow the directions of the coordinator and activity leader.

I affirm that, knowing my personal state of health, I feel that I am mentally and physically capable of participating in the trips and events that I choose to attend.

I acknowledge that I am aware of the inherent risks, hazards and dangers associated with activities arising from my participation in trips and events which may result in injury to me or result in my death.

Therefore in consideration of my participation in these trips and events, for myself, my heirs, my executors, my administrators and my successors, I voluntarily assume all risks and hereby waive all my rights against Grasslands Naturalists and unconditionally release and discharge the Grasslands Naturalists, its members, directors, officers, its affairs and its coordinators from all manner of activities, causes of action, suits, claims and demands for damages due to personal injury, death, loss or damage to property, expenses or otherwise which may or shall arise in any way as a result of my participation in the above trips and events.

Photograph Release

The Grasslands Naturalists have my expressed permission to use photographs of me in their publications.

Email Consent

The Grasslands Naturalists have my expressed consent to email me with information regarding my membership. Should I choose to revoke this consent, I may do so at any time by contacting Grasslands Naturalists to that effect.

Signature of Member

Signature of 2nd Family Member

Date: _____

Date: _____