



**PEMBERTON VALLEY MEN'S SHED SOCIETY**

**MEMBERSHIP RENEWAL AND APPLICATION FORM**

*(Required also to sign waiver overleaf)*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

*(this address enables us to deliver by hand, or for pick-up purposes)*

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birthday: \_\_\_\_\_

*(please print clearly)*

*(optional)*

Please   paid by:

Voting Member @ \$10.00 \$\_\_\_\_\_ cash  or cheque

Tool Library Membership @ \$20.00 \$\_\_\_\_\_ cash  or cheque

*(If mailing, please enclose membership form & fee payable to)*

**Pemberton Valley Men's Shed Society,**

PO Box 68, Pemberton, V0N 2L0

Optional: I would like to make a donation of \$ \_\_\_\_\_ to the Pemberton Valley Men's Shed Society

Please add my name to your mailing list Yes  No

**Please review and sign the Waiver Form on page 2**

PEMBERTON MEN'S SHED SOCIETY  
PO Box 68, Pemberton, V0N 2L0  
Certificate of Registration S006637, Victoria, B.C.



**PEMBERTON VALLEY MEN'S SHED SOCIETY**

**WAIVER  
ASSUMPTION OF RISKS, WAIVER OF CLAIMS,  
RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

I CONFIRM that I have asked the Pemberton Valley Men's Shed Society (the "Society") to permit me to participate in the Society's activities (the "Activities"). I am aware of the risks and dangers inherent with my participation in the Activities. I freely accept and fully assume all such risks and dangers and the possibility of personal injury, death, property damage and loss resulting there from. I nevertheless wish to participate in the Activities.

**WAIVER OF CLAIMS, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of the Society accepting my request, I hereby agree to waive any and all claims that I may in the future have against the Society and its directors, officers, employees, volunteers, sponsors, agents, representatives, successors and assigns (the "Releasees") and to release the Releasees from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, as a result of my participation in the Activities due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care on the part of the Releasees, and including the failure on the part of the Releasees to safeguard or protect me from the risks and dangers referred to above. I further agree to hold harmless and indemnify the Releasees from any and all liability for any damage to property or or personal injury to any third party, resulting from my participation in the Activities. This Agreement shall be binding upon me and my heirs, next of kin, executors, administrators, successors, assigns and representatives; it shall be governed by and interpreted in accordance with the laws of the Province of British Columbia.

I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, successors, assigns and representatives may have against the Releasees.

**Signed this: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_**

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Signature Witnessed By)*

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