

**WOMEN'S PROBUS CLUB OF CAMBRIDGE RIVERSIDE
MEMBERSHIP RENEWAL FORM 2024/2025**

All Renewals & Cheques must be received ON OR BEFORE June 20, 2024, or your name will be automatically deleted from our Membership List. If you later wish to rejoin, you will be added to the wait list in date order.

PLEASE READ CAREFULLY BEFORE COMPLETING.

Please remit: **1. Cheque for \$ 75, dated on or before June 20, 2024 payable to Women's Probus Club of Cambridge Riverside, or by etransfer to camrivprob@gmail.com**

(This is your yearly membership fee to cover ongoing expenses such as insurance, guest speakers etc.).

2. This renewal and waiver form, printed and signed.

PLEASE RETURN THIS FORM ELECTRONICALLY to anne.cherwonogrodzky@gmail.com

If remitting electronically, a hand signature is not required.

or BY MAIL to: Anne Cher, 583 CHAMPLAIN BLVD, Cambridge ON N1R 7V2

Payment by cheque or Electronic Transfer. Please indicate: Cheque eTransfer

Name: _____

Address: _____ City _____ Postal Code _____

Phone: _____ Email (Please print): _____

Annual Liability Waiver and Assumption of Risk

I acknowledge that activities* of Women's Probus Club of Cambridge Riverside (the 'Club') in which I participate may involve risks, which are beyond the control of the Club.

Notwithstanding the existence of such risks, I hereby release the Club, its officers, directors, volunteers, and members from all claims for injury or damage arising as a result of my participation in any activity organized by the club. I affirm that I am aware of the nature of the activity, its length, duration and degree of difficulty and that I am properly equipped and physically able to participate. I have no medical or other conditions that preclude me from participation. I agree to follow the instructions of the leader.

I voluntarily assume the risks associated with communicable diseases, including but not limited to Covid 19.

I agree to pay the costs of any emergency evacuation of me or belongings that may be necessary.

I have read this waiver and assumption of risk and I fully understand it.

*Activities include general meetings and all PROBUS-sponsored events.

If you have any special health issues or other concerns that could affect your safe participation in any of the above activities, you must inform the activity leader.

I consent to the use of my personal information gathered here for use exclusively by the WOMEN'S PROBUS CLUB OF CAMBRIDGE RIVERSIDE.

I consent to the publication of my image (if photographed) in the Club newsletter and / or social media.

YES: NO:

Signature: _____ Date: _____

PLEASE DO NOT COMPLETE THIS BOX
Date Membership Fee Received:

Important: PLEASE PROVIDE YOUR EMERGENCY CONTACT INFORMATION:

Contact's Name: _____ Relationship: _____

Contact's Cell Phone #: _____

Contact's Home Phone # _____ Business Phone # _____