

**WOMEN'S PROBUS CLUB OF CAMBRIDGE RIVERSIDE
MEMBERSHIP RENEWAL FORM 2026-27**

All Renewals and Payment must be received on or before June 20, 2026, 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 TYPE/PRINT CLEARLY.

To renew your membership:

1. Etransfer \$75 to camrivprob@gmail.com or provide a cheque payable to Women's Probus Club of Cambridge Riverside with your completed renewal form.
2. Bring your completed form to the May or June meeting. If you are unable to attend either meeting please mail the completed form to Lyn Pinnington, 6 Byng Avenue, Cambridge, ON, N1S2N9 or email to ldpinnington@hotmail.com

Please indicate method of payment: Etransfer Cheque

NAME: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ EMAIL: _____

PHONE: _____ CELL: _____

This information has changed from last year? Yes No

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, volunteer's 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.
- I agree to pay the costs of any emergency evacuation of me or my 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 publication of my image (if photographed) in the Club newsletter and/or social media.

YES NO

I acknowledge my personal information gathered here is for use exclusively by the WOMEN'S PROBUS CLUB OF CAMBRIDGE RIVERSIDE

Signature: _____ Date: _____

Important: PLEASE PROVIDE YOUR EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Contact Cell Phone # _____

Contact Home Phone # _____ Business Phone # _____