## ARROWSMITH NATURALISTS DAY MEMBERSHIP FORM

(form originated 2009) NOTE: To participate in any club activity, you must READ AND SIGN the Release of Liability Waiver form (see the other side.)

		F	PERSONAL INFOR	MATION		
Full Name:						
	Last		Initial	First		
	Street Addre	SS				Apartment/Unit #
	City				Province	Postal Code
Home Phone:	()		e-mail (c	ptional):		
MEMBERSHIP FEE						
Day Membersh	ip \$1.00					
Valid for the da	-					
Note that in consideration of the fee indicated you are covered by the club's Public Liability Insurance for the date indicated.						
Payment received by on behalf of the club. Date						
Note below if you have any allergies or medical conditions you think that we ought to know about in consideration of your participating (Your response here is entirely voluntary).						
Indicate an emergency contact person and phone number:						
Phone						
ACCEPTANCE OF TERMS AND CONDITIONS						
In consideration of the acceptance of my Day Membership in the Arrowsmith Naturalists, I, the participant agree as follows:						
1. To abide by any announced policies, rules and regulations of the Arrowsmith Naturalists.						
2. I have reviewed the Release of Liability Waiver agreement and my signature affixed hereto indicates my agreement with such Waiver of Liability agreement.						
3. I accept sole responsibility for my personal possessions and any equipment I may bring						
I acknowledge that I have read this agreement in its entirety and that I have executed this agreement voluntarily.						
Signature of Participant (if aged 19 and over)						
Signature of	f Parent/Gua	rdian (If under 19)	Date: day and mor	th	Year	