



☀ New Membership ☀ Renewal

If mailing, please send this application along with your cheque payable to:

Copeland Forest Friends Association
 c/o David Myles
 11 Trillium Trail, RR4
 Coldwater, Ont.,
 L0K1E0

Membership Dues per Year **\$25.00 Individual, \$40.00 Family**
 (Membership runs from January 1 to December 31, new members joining after Sept 1 will be registered as paid for the next year)

Renewal – information same as previously given **OR as amended below:**

Name _____ **Phone** _____ **Mobile** _____

Address _____ **Email** _____

Spouse/Partner (Family) _____ **Phone** _____ **Mobile** _____

Email _____

Risk acknowledgement

Members are required to sign a waiver to complete their membership. Please review and sign the waiver on the following page.

For more information, please contact membership@copelandfriends.ca I would like to receive the CFFA Enews

Membership and Donations

Membership fees cover the general operating costs of CFFA while other sources of revenue are needed to fund special projects. You can assist CFFA by making a further donation to help our work. All donations of \$20 or more will receive a tax-receipt.

Individual Membership - \$25	
Family Membership - \$40	
Donation to further support CFFA	
Total contribution	

User Group Designation

Select your primary user group. By indicating your primary user group you may receive correspondence or be invited to participate in activities initiated by your user group Director from time to time.

<input type="radio"/> Angler and Hunter	<input type="radio"/> Business	<input type="radio"/> Hiker
<input type="radio"/> Horse Rider	<input type="radio"/> Mountain Biker	<input type="radio"/> Naturalist
<input type="radio"/> Resident	<input type="radio"/> Snow Sports	

INDICATE ANY OTHER OF THE **ABOVE** USER GROUPS OF INTEREST TO YOU _____

Volunteering

I would like to assist the Copeland Forest Friends Association in any of the activities listed below

#1 - <input type="radio"/> Lead a Field Trip or Activity	#2 - <input type="radio"/> Education	#3 - <input type="radio"/> Trail Maintenance
#4 - <input type="radio"/> Invasive Species Control	#5 - <input type="radio"/> Promotion	#6 - <input type="radio"/> Other (indicate below)

By completing this form, you have agreed that you have given your informed consent to the collection and use of your information for the purpose of maintaining membership records and allowing us to contact you. We do not disclose our membership information to any other group or organization.

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

(hereinafter referred to as the "Release Agreement")

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE
RIGHT TO SUE OR CLAIM
COMPENSATION FOLLOWING AN ACCIDENT
PLEASE READ CAREFULLY**

I/we acknowledge and accept full responsibility, as a member, or non-member volunteer, of the Copeland Forest Friends Association (CFFA), that any activity organized by the CFFA in which I/we may take part involves risks, foreseen or unforeseen. I am/we are aware of the risks, dangers and hazards associated with the forest, and I/we freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom.

- In consideration of my/our acceptance as a Member or non-member volunteer of the CFFA, I/we hereby waive, release and discharge the CFFA and its officers, directors, employees, contractors, agents, volunteers, and leaders from all claims for any such injuries and damages even though such injuries and damages may result from negligence.
- I/we understand that this assumption of risk and release is binding upon my/our heirs, executors, administrators, successors and assigns, and includes any minors accompanying me/us when participating in a CFFA organized event or activity.
- I/we confirm that I/we have read this document in its entirety, and I/we appreciate, understand, and freely and voluntarily assume all risks of such injuries and damages on my/our own behalf and on behalf of any minors accompanying me/us during my/our participation in a CFFA event or activity.

Signed the ___ day of _____, 20_____ .

Member(s)/Volunteer Signature(s) _____

Spouse/Partner _____ (family membership)

Please print name(s) clearly _____