



# BRIDGE & ENRICH LIVES SOCIETY

718 EAST 20TH AVENUE (FRASER & 20TH), VANCOUVER, BC V5V4C8

## Membership Form – Individual

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ In case of an emergency: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Contact/Relationship: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Would you like to receive our newsletter? \_\_\_\_\_

Before you are accepted as a member of Bridge & Enrich Lives Society (BE), please read and agree to be bound by the terms and conditions of this Agreement.

I, \_\_\_\_\_, hereby agree to the following:

- 1) I am participating in a program at BE and recognize that it may cause physical injury. I am also fully aware of the risk and hazard involved.
- 2) I understand it is my responsibility to consult a physician prior to participation in a program/activity. I represent that I am physically fit and have no psychological, medical or emotional condition that would prevent my healthful and safe participation.
- 3) I agree to take full responsibility for any risks, injuries or damages known or unknown which might occur as a result of participating in a program/activity at BE.
- 4) I knowingly and voluntarily waive any claim I may have against BE, or any member of BE for injury, loss and/or damage that I may sustain as a result of participation in a program/activity.
- 5) As applicable, Membership Fees are to be paid to BE by cash, postdated cheques, credit card or debit at the first of every month.
- 6) Members are to read and agree to the Terms of Use and Privacy Policy, provided online at [www.bridgeandenrich.com/getinvolved/termsfuse](http://www.bridgeandenrich.com/getinvolved/termsfuse).

I have read the above, the Terms of Use and the Privacy Policy and fully understand the contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
 DATE SIGNATURE OF PARTICIPANT BE MEMBER

If the participant is under 18 years of age please have a guardian sign below.

As legal guardian of this participant, I consent to the above.

\_\_\_\_\_  
 NAME SIGNATURE OF GUARDIAN BE MEMBER

Please list any important medical conditions, allergies or medication related to the above member.

\_\_\_\_\_  
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How did you hear about us? \_\_\_\_\_