

COMOX VALLEY NEWCOMERS' CLUB NON-MEMBER WAIVER AGREEMENT Rev Oct 2023

Please read this document carefully before signing.

When signed, this waiver releases the COMOX VALLEY NEWCOMERS' CLUB (**CVNC**) and its officers, executive members, organizers, volunteers and anyone else who may be operating on behalf of the CVNC (the "**Releasees**") from all legal responsibility for injury, damage, or loss of any kind that may occur in connection with my participation in any CVNC activity.

I, _____ (Name) (Please print)

of _____ (Address)

_____ (Home#) _____ (Cell) _____ (email)

recognize that the CVNC is a volunteer organization whose purpose is to welcome new residents to the Comox Valley and to promote a friendly, social interaction amongst its members. I understand that my participation in CVNC activities is **[PLS STRIKE OUT ONE OPTION]**:

a) as the invited guest of _____ (pls print member name), whose membership commenced in 20____ (first year); **OR**

b) as a one-time-only Club visitor (new waiver required for each activity).

My participation in all CVNC activities is undertaken fully at my own risk, including, without limitation, increased risks associated with the use of alcohol and the risk of contracting or being exposed to viruses, contagious diseases and/or other illnesses that may be present in the general population and/or in public spaces.

I have read and agree to abide by the CVNC Safety Plans, and I agree to follow the direction of club convenors and executive while at a club event.

I understand and consent to CVNC retaining this Waiver for a period of up to eight (8) years, as applicable, notwithstanding CVNC Privacy Policy terms.

I do hereby, for myself and my assigns, personal representatives, heirs and next of kin release the Releasees from responsibility or liability for injury (including, without limitation, loss of life), damage (pecuniary or otherwise) or other loss that I may incur while participating in, or that are in any way connected with my participation in any CVNC activity, including those losses as caused by the negligent act or omission of any of the Releasees.

SIGNED on this _____ day of _____ (month), 20____

Participant's Signature _____
(Participant must be 19 years of age or older)

Convener/Host & Witness Signature _____
(By signing I attest I am over 19 years of age and unrelated to participants)

(Convener/Host & Witness Print name)
