



Membership Registration

- Membership fees are not refundable or transferable. Membership is \$42 per year (Sept to Aug) prorated at \$3.50 per month, minimum \$10.
- Payment must be received with Registration. Mail this form with your cheque to: VBDS Registrar, PO Box 35024, RPO Hillside, Victoria BC, V8T 5G2
- For more information visit www.VBDS.org, email info@vbds.org, or call 721-JIVE (721-5483).

Informed Consent Agreement and Liability Waiver (Please print)

I, _____(person #1), and I, _____(person #2) declare that I intend to use some or all of the activities, facilities, programs and services offered by the Victoria Ballroom Dance Society. I know that dancing is a potentially hazardous and strenuous activity and that I should not dance unless I am medically able. I understand that it is not the responsibility of any instructor, member or affiliate of the Victoria Ballroom Dance Society to assess my physical, mental or emotional fitness to participate in any activity whatsoever. I assume any and all risks associated with dancing including but not limited to adverse physical effects, falls, contact with other participants, and the effects of temperature including high heat and/or humidity. I assume full responsibility during and after my participation to use or apply, at my own risk, any portion of the information or instruction I receive.

I hereby waive, release and discharge the Victoria Ballroom Dance Society, its governing board, officers, directors, representatives, volunteers, and all others, from any and all responsibility or liability from injuries or damages including those caused by negligent acts or omission, or connected with participation in any of the Victoria Ballroom Dance Society activities, programs and services.

I declare that I have read, understand and agree to the contents of this Informed Consent Agreement and Liability Waiver in its entirety.

Signature#1: _____ Witness: _____ Date: _____

Signature#2: _____ Witness: _____ Date: _____

Person#1 Gender: _____ Name: _____, _____
(Last) (First)

E Mail: _____ Phone(s): _____

Person#2 Gender: _____ Name: _____, _____
(Last) (First)

E Mail: _____ Phone(s): _____

ADDRESS: NEEDED FOR NEW MEMBERS OR CHANGE ONLY

Address#1: _____
(Street) (City) (Postal Code)

Address#2: _____
(Street) (City) (Postal Code)

MEMBERSHIP FEE#1 \$ _____ (If discount, School & Student # or Proof of Disability) _____

MEMBERSHIP FEE#2 \$ _____ (If discount, School & Student # or Proof of Disability) _____

TOTAL \$ _____

Credit on Account \$ _____

New Total \$ _____ Paid by cash _____ & or cheque#(s) _____