

VICTORIA BALLROOM DANCE SOCIETY
P.O. Box 35024, RPO Hillside, Victoria BC V8T 5G2 250-721-5483 www.vbds.org

Membership Registration Membership fees are \$48 per year.

Membership fees are neither refundable nor transferable. Prorated fees: Oct \$44; Nov \$40; Dec \$36; Jan \$32; Feb \$28; Mar \$24; Apr \$20; May \$16; June \$12; July or Aug \$10. Fees are half-price for full-time students and people with a disability with evidence of being on B.C. Disability Assistance or CPP. There is, however, a **MINIMUM FEE of \$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 (250-721-5483).

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: _____

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Completion of this form confirms your acceptance of the VBDS Privacy Policy.

PERSON #1	PERSON #2
Name	Name

INFO BELOW FOR NEW MEMBERS OR UPDATES ONLY!

Email – or same as partner (___)		Email – or same as partner (___)	
Phone – or same as partner (___)		Phone – or same as partner (___)	
Street Address – or same as partner (___)		Street Address – or same as partner (___)	
City	Postal Code	City	Postal Code
Membership Fee \$	School & Student Number or CPP if discount requested	Membership Fee \$	School & Student Number or CPP if discount requested

If also registering for classes, go to class registration form now and enter above membership fee(s).

If paying only membership, continue below:

If paying individually: Paid by cash / cheque	If paying individually: Paid by cash / cheque
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If both paid by one person: MEMBERSHIP TOTAL \$ _____ Paid by cash / cheque