



IPSC British Columbia

2017 MEMBERSHIP APPLICATION

(Print neatly and legibly to ensure that your data is correctly recorded)

RENEWAL: **IPSC BC #:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE: _____

EMAIL(*Important*): _____

I am a: JR (UNDER 18) Y/N *Mandatory*Birth Date Y/M/D __ / __ / __

(Please indicate all of the appropriate information)

I am certified as a:

- Training Course Instructor
- Range Officer
- Chief Range Officer
- Range Master
- Range Officer Instructor
- Medical/First Aid Training

My Zone is:

- Metro Vancouver
- Fraser Valley
- Vancouver Island
- Okanagan/Kootenay
- Northern
- Other Specify(_____)

MEMBERSHIP FEE:

Individual: \$75.00 **IF received by Dec. 31, 2016 (\$85. after Dec. 31, 2016)**
 Family of 2:\$140.00 **IF received by Dec. 31, 2016(\$150. after Dec.31, 2016)**
 Junior (Under 18 as of Jan. 1, 2017):\$10.00 ***Parent Must Sign as 2ndMember***

AMOUNT ENCLOSED: \$ _____

To complete this form:

1. Read & sign the Liability Release Form, **Fill in Birth Date!**
2. Make a cheque payable to **IPSC BC.**
3. Mail the application with cheque to:

**IPSC BC
 PO BOX 36028
 Hillcrest Village RPO
 Surrey, BC, V3S 7Y5**

Membership questions to:
membership@ipscbc.com

EMT's must be directed to:
treasurer@ipscbc.com

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LIABILITY RELEASE FORM

READ BEFORE SIGNING

By signing below, I certify that I understand and am aware that my participation in IPSC BC activities and my use of IPSC BC facilities involves a risk of harm including serious physical injury.

In consideration of my being permitted by IPSC BC to participate in IPSC BC activities and use IPSC BC facilities, I agree to the following:

(a) I assume full responsibility for, and forever release and discharge IPSC BC, its directors, officers, servants and agents, from any claims, damages, actions or causes of action for personal injury, damage or loss to myself or my property which I, my heirs, executors, administrators, or assigns can, shall, or may have against IPSC BC, its directors, officers, servants and agents arising out of my participation in any IPSC BC activities or my use of any IPSC BC facilities, whether caused by the fault of myself, third parties, or the IPSC BC, its directors, officers, servants and agents; . I agree that it is not possible for IPSC BC to make participation completely safe & I accept these risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to be in my participation in Activities.

(b) I agree to hold harmless and indemnify IPSC BC, its directors, officers, servants and agents from any liability for any personal injury to any third party arising out of or in connection with my participation in any IPSC BC activities or my use of IPSC BC facilities due to any cause whatsoever including negligence; and

(c) I accept all risk associated with participation in IPSC BC activities and use of IPSC BC facilities.

I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and vol-

(1st) Member: _____
(First name) (Middle name) (Last name)

Signature X _____

(2nd) Member: _____
(First name) (Middle name) (Last name)

Signature X _____

This day, the _____ of _____ 201_____

This signed document is valid from the date of signing until December 31, 2017.

IPSC BC MEMBERSHIP AND/OR RENEWAL OF MEMBERSHIP IS NOT VALID UNTIL THIS LIABILITY RELEASE FORM IS SIGNED.

Office Use

Date Received: _____

Receipt #: _____