**Year 2024 / 2025 MEMBERSHIP FORM**



**Membership # \_\_\_\_\_\_\_\_\_\_\_**

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**Returning Member\_\_\_\_ New Member \_\_\_\_**

**Please complete this form to become a member of the Rivers West SSFA District. The annual fee is based on the fiscal year (April – March) which is $10.00. Members MUST also sign the Authorization, Release, Waiver and Assumption of Risk on the back of this form.**

**Please Print**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth Date: dd/mm/yy \_\_\_\_\_\_ /\_\_\_\_\_\_ / \_\_\_\_\_\_ Male: \_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: (Print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate your activity interest(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Interest may be as a potential participant, training and/or workshop or as a committee volunteer)**

**Note: Your email address and personal information will be used for SSFA purposes only.**

**\* Completing this Membership Form, makes you are eligible to participate in activities/events organized by the Rivers West District SSFA Committee in support of the mandate of the SSFA.**

**\* To participate in the SSFA 55+ Provincial Games and the District play-offs, members are required to complete and sign the Official District/Provincial 55+ Games Registration Form.**

**\* There will be additional fee(s) for members who register to participate in the SSFA 55+ Provincial Games.**

**\* As a member, you will receive email messages regarding membership, activities organized by the Rivers West District SSFA Committee, newsletters and information regarding the SSFA 55+ Provincial Games.**

**\* As a member, you will be responsible to familiarize yourself with the Code of Conduct Policy endorsed by SSFA Provincial Board as it relates to Abuse and Harassment to ensure a safe and positive environment in all activities, and including, but not limited to events, competitions, practices, travel associated with the Rivers West District SSFA Committee’s activities and, any meetings. Please refer to the SSFA website of more information. www.ssfa.ca**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**OVER**

**The following agreement contains important provisions which limit the liability of the Rivers West District SSFA Committee and Saskatchewan Senior Fitness Association Inc. (SSFA) organizers, executive committee members and their agents in the event of an injury, property damage or loss and possible death, and must be signed as a condition of participation.**

**AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS/VIDEOGRAPHY**

**I, hereby authorize the Rivers West District SSFA Committee to use, reproduce and/or publish photographs as described below, which may pertain to me. I understand that this material will only be used in a display, website and/or written publication that will be used to promote the SSFA 55+ Games in particular and the Saskatchewan Senior Fitness Association Inc. in general. This authorization is continuous and may only be withdrawn by my specific rescinding of this authorization.**

**Description of Material:**

**Photograph(s) and/or printed material to be used to produce a display for exhibits, websites, trade shows and publicity for the 55+ Games in general.**

**RELEASE, WAIVER AND ASSUMPTION OF RISK:**

**I, the undersigned, hereby acknowledge that participation in the Rivers West District activities and events might result in personal injury, property damage or loss, and possibly death. I fully understand these risks and hereby agree to participate at my own risk.**

**In consideration of the Rivers West District SSFA Committee and the Saskatchewan Senior Fitness Association Inc., I and my heirs, executors, administrators and assigns agree not to hold the various facilities where the activities and events are being held and /or played or any of their servants, agents, sponsors, volunteers or employees responsible for any personal injury, property damage or loss, death resulting from or in connection with affiliated activities in the programs initiated, conducted or organized by the Rivers West District SSFA Committee.**

**I have carefully read this Authorization to use Written Materials/Photographs/ Videography and Release, Waiver, Assumption of Risk Agreement. I fully understand said agreement and I am freely and voluntarily executing the same.**

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 **SIGNATURE OF MEMBER NAME - PRINT**  **DATE**