

# Trip Acknowledgement, Waiver & Release

This waiver covers all bus trip(s), referred to herein as Events, hosted by the Langley Senior Resources Society (LSRS).

I, the participant, acknowledge and agree that LSRS will not be responsible for any loss, injury, or damage of any nature, including death, howsoever arising in connection with this/these events. Participants in the Event are therefore hereby advised to carry their own insurance in connection therewith.

By signing below and in consideration of the participant's attendance at the Event, the participant hereby releases and forever discharges LSRS and their respective directors, officers, members, agents, employees and volunteers (collectively the 'Releasees') from any and all action, claims, and demands (collectively the 'Claims') from any loss, injury or damage of any nature, including death which has arisen as a result of the sole negligence of one or more of the Releasees.

Any Claims arising out of the participant's attendance at the Event will be governed by the laws of British Columbia, Canada, and the participant consents to the exclusive jurisdiction of the Courts in British Columbia, Canada in any such action.

\_\_\_\_\_  
NAME OF PARTICIPANT (please print)

\_\_\_\_\_  
PARTICIPANT SIGNATURE

DATE \_\_\_\_\_

## FOR OFFICE USE ONLY

\_\_\_\_\_  
NAME OF WITNESS (please print)

\_\_\_\_\_  
WITNESS SIGNATURE

DATE \_\_\_\_\_

AMILIA



**Langley Senior**  
RESOURCES SOCIETY

# Join Us!

## MEMBERSHIP APPLICATION



lsrs.ca | info@lsrs.ca

For adults **50+** in the City and Township of Langley

# Membership Application

Check One:  MR  MRS  MS  MISS

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTH DATE (MO/DAY/YEAR) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## THIS INFORMATION IS REQUIRED

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_ CONTACT CELL # \_\_\_\_\_

TOWNSHIP OF LANGLEY  CITY OF LANGLEY  OTHER

AMILIA

# Media Release Form

I understand that members and participants of activities at Langley Senior Resources Society can be photographed and recorded on video. These photos and videos can and may be used for promotional or reporting purposes by the Society. These photos and videos may include members and participants.

I understand that if I do not want photos or videos with me in them, it is my responsibility to inform the photographer that I do not want a photo or video of me taken and ask staff at LSRS to remove any said photos from website etc.

NAME OF PARTICIPANT (please print) \_\_\_\_\_ PARTICIPANT SIGNATURE \_\_\_\_\_

WITNESS NAME (please print) \_\_\_\_\_ WITNESS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_  AMILIA