



BCMOS
 British Columbia
 Mobility Opportunities Society

2012 Hiker Registration

BCMOS e form

This version of the BCMOS form can be filled out electronically and then printed or emailed. Please note: it won't work on all machines, and it needs a newer version of Adobe Acrobat.

eric@disabilityfoundation.org

Personal Information

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Phone: (home): _____ (work): _____

Date of Birth: _____ Email: _____

We make all program updates via email – please indicate if you do *not* have email.

Medical History

Nature of Disability: (Please explain in detail) _____

Mobility Aids: Wheelchair Scooter Crutches Cane Other _____

Medications & Allergies: (Please explain in detail) _____



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Other Information: Contacts

How did you learn about BCMOS? _____

Do you have able-bodied friends or family that would be willing to join you on hikes?

What agency provides financial assistance?

ICBC WorkSafe BC Provincial Social Services

CPP Private Health Insurance None

Other (please specify): _____

Emergency information

In case of emergency, please contact:

Name

Phone

Relationship

1. _____

2. _____

3. _____



Participant's Medical Waiver and Image Consent

I grant permission for British Columbia Mobility Opportunity Society of BC (BCMOS) and/ or its designates to proceed in any manner they deem necessary in the case of a medical emergency involving my child/ward or myself. I am releasing the right for this information to be shared with volunteers, recreation staff, and/ or medical staff who are in contact or responsible for myself or my child/ ward's participation in the activities, programs or excursions at or with the British Columbia Mobility Opportunity Society.

Signature of participant

Date

Parent/guardian

Date

Witness

Date

Consent for use of name or image in electronic or print reproductions:

In consideration of the Society accepting this application, I, _____ or the parent/guardian of _____ (applicant), give my consent to have my name and/or image stored and reproduced by the Society for Society promotional and informational purposes. Reproduction consent includes release for use in Newsprint and Newsmagazine articles, newsletters, and submissions to third parties.



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**Release of Liability, Waiver of Claims,
Assumptions of Risks and Indemnity**
*By signing this document, you will waive certain legal rights
including the right to sue. Please read carefully.*

To: British Columbia Mobility Opportunities Society

Assumption of Risks:

I am aware that hiking including receiving instruction, assistance and/ or lessons, involves many inherent risks, dangers and hazards, including but not limited to, transferring into and out of the TrailRider, weather conditions, trail conditions, objects or equipment used in connection with BCMOS and the instruction thereof, the failure to follow safety procedures or hike within one's own ability or within designated areas, negligence of others and negligence on the part of BRITISH COLUMBIA MOBILITY OPPORTUNITIES SOCIETY, its members, directors, officers, volunteers, agents, representatives, employees, and assigns. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

Release of Liability, Waiver of Claims, and Indemnity:

In consideration of BRITISH COLUMBIA MOBILITY OPPORTUNITIES SOCIETY ACCEPTING MY APPLICATION to participate in the Access Challenge and permitting me to use the TrailRider, equipment and other facilities including but not limited to receiving instruction, and assistance I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS: that I have or may have in the future against of BRITISH COLUMBIA MOBILITY OPPORTUNITIES SOCIETY, it's members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively the "Releases");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my use or my presence on the Access Challenge due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT R.S.B.C., 1979, C 303, AS AMENDED, ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any liability for any damage to property of, or personal injury to, any third party, resulting from any use of or presence on BCMOS hikes and events.

By entering this agreement, I am not relying upon any oral or written representations or statements made by the releases other than what is set forth in this agreement.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.

****Note:** A parent, guardian, and/ or trustee, committee must also read this form and sign below if the participant is under 19 years of age and/ or the participant has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

Date _____

Participant Signature _____ Print Name _____

Signature of Parent/ Guardian _____ Print Name _____
(If participant under 19 years of age)

Witness _____ Print Name _____

Forward this application to:

Eric Molendyk
Disability Foundation
207 - 3077 Granville Street
Vancouver, BC V6H 3J9

eric@disabilityfoundation.org
Fax: 604-688-6463

More info: 604-688-6464 ext. 117 or www.bcmos.org