## Lethbridge Medieval Club (LMC) Membership Form

Name:	
Address:	
Phone Number:	Postal Code:
Email Address:	
Membership Track: 1 <sup>st</sup> free 2 <sup>nd</sup> free	Membership Paid Day Fee (\$5)
Date Paid:	Amount Paid:
Adult Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement By signing this document you will waive your right to pursue legal action. Please read carefully!	
I,(legal name – pla	ease print clearly).
The undersigned (also referred to as "Participant"), having att understood the contents of this document, do, by the affixing therein. I understand and agree that this document is intended that if any portion of this document is rendered invalid, the ball is my intention to participate in activities organized by the	tained the age of majority in Alberta and having read and of my signature to this document, consent to the provisions I to be as broad and inclusive as possible under the law, and alance shall continue in full legal force and effect.  Lethbridge Medieval Club (LMC), a non-profit organization ta. During these activities I will be involved as a participant in
crafts, workshops, seminars and performances.  I recognize that taking part in these activities may involve var death to myself during the course of these activities may exist Lethbridge Medieval Club are intended to minimize risk, but and liabilities, however caused.	
I agree to familiarize myself with and abide by any relevant a Medieval Club, before taking part in any activity organized b am taking part in is unsafe, I will immediately take all precauturther, and report it to a member of the Board of Directors or	y the LMC. I also agree that, if at any time I feel the activity I utions to avoid said unsafe activity, and refuse to participate
I agree to indemnify, hold harmless and covenant not to take its organizers and respective agents, officials, servants and rejexpenses and demands in respect to death, injury, loss or dam of or in connection with my taking part in activities organized contributed to or been occasioned by the negligence of said b representatives. I understand and agree that this waiver is to be	presentatives from and against all claims, actions, costs, nage to my person or property, howsoever caused, arising out d by the LMC, and notwithstanding that the same may have odies, or any of their agents, officials, servants or
Name of Witness	Signature of Participant
Signature of Witness	Date Signed