



APOLLO – FRIENDS IN SPORTS

Box 9, 223 – 12 Avenue SW
 Calgary, Alberta, Canada
 T2R 0G9
 www.apollocalgary.com

ONE YEAR MEMBERSHIP APPLICATION / RENEWAL

EXPIRES YEARLY ON APRIL 30TH

New Member: \$20.00

Renewal: \$20.00 (If this is a renewal, please provide name only and update other information below if it has changed).

Payment Type:

Cash Cheque Money Order

Visa

Mastercard

Credit Card No:	
Amount:	
Expiry Date:	
Signature:	

First Name:		Last Name:	
Mailing Address:			
City, Province:		Postal Code:	
Cell Phone:		Home Phone:	
Email *:			

* In order to receive our newsletters, Special and Annual General Meeting notices, please ensure you provide either your e-mail address or a current mailing address. Thank you.

I purchased this Membership while participating as a member of:

- | | | | |
|------------------|--------------------------|------------------------|--------------------------|
| Badminton | <input type="checkbox"/> | Volleyball | <input type="checkbox"/> |
| Bowling | <input type="checkbox"/> | Curling | <input type="checkbox"/> |
| Lawn Bowling | <input type="checkbox"/> | Yoga | <input type="checkbox"/> |
| Outdoor Pursuits | <input type="checkbox"/> | Slow Pitch | <input type="checkbox"/> |
| Tennis | <input type="checkbox"/> | Squash | <input type="checkbox"/> |
| Running | <input type="checkbox"/> | Other (specify): _____ | <input type="checkbox"/> |

Apollo does not sell, mail out or handout any information from its membership list. Membership lists are kept under security by the Secretary and only available to Board Members. All information is kept confidential. I authorize Apollo to send me information as it sees fit to my being a member of Apollo from time to time by email/postal service.

Signature:		Date:	
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APOLLO – FRIENDS IN SPORTS

(hereafter referred to as "Apollo")

PARTICIPANT ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

READ CAREFULLY BEFORE SIGNING

In consideration of Apollo accepting the undersigned as a participant, and for other good and valuable consideration the receipt of and sufficiency of which is accepted by the undersigned; the undersigned for his or her self, all heirs, executors, administration and assigns, hereby releases Apollo, its respective directors, officers, servants, agents or employees from any claims, demands, damages, actions, or causes of action or legal costs arising out of or in consequence of any loss, injury, or damage to my person or property incurred while participating an Apollo sport program for the period of my membership, notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of Apollo, its directors, officers, servants, agents or employees.

The undersigned acknowledges having been informed and being aware that the sport program can be dangerous and include many risks including but not limited to physical injury from involvement in the activity, faulty equipment, injury from actions of other participants and physical exertion for which I am unprepared or unaccustomed. The undersigned accepts these above referenced and all other inherent risks.

I also acknowledge and agree that alcohol may be consumed by myself or by other participants after the sport program and I accept the risks and dangers inherent in consuming alcohol myself or being in the company of persons consuming alcohol, and I acknowledge that consumption of alcohol is not part of the Apollo program or sanctioned by Apollo.

The undersigned further agrees to indemnify and save harmless Apollo, its respective directors, officers, servants, agents or employees from any claims, demands, damages, actions, or causes of action or legal costs arising out of or in consequence of claims by other persons for any loss, injury or damage to them or their property caused wholly or partly by the undersigned for which Apollo, its respective directors, officers, servants, agents or employees are claimed or made liable.

I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT AND AGREE TO IT OF MY OWN FREE WILL AND WITHOUT RESERVATION

Date: _____

Signature: _____

Witness Signature: _____

Print:
Full Name: _____

Print:
Witness Full Name: _____