



LMCA Membership for 2019/20
Valid to October 31st 2020

Annual Membership Associate group : \$60

Please mail form with cheque to:

Lorne Mountain Community Association, Box 10009, Whitehorse YT Y1A 7A1

Name of organization _____

Active in _____

Activity area of group _____

Name of contact person with LMCA _____
(first _____ last name)

Address _____ **Postal Code** _____

Subdivision/Area _____ **Phone: home** _____

Email contact _____

Renewal of membership:

New membership:

We will contact you with upcoming volunteer opportunities !!

THANK YOU!

Please remember – all events your organization will hold at LMCC are under your own liability and risk !

Please make sure to sign consent form see page 2



LMCA Member Rights and Responsibilities

LMCA Member Rights:

- ✓ Members can vote at the Annual General Meeting and all special meetings
- ✓ Members can participate as a board member and as committee members
- ✓ Members have access to all recreational facilities and programming at the Community Center
- ✓ Members can rent the hall at the Community Center for private functions
- ✓ Members can initiate programming / activities to be implemented at the Community Center

LMCA Member Responsibilities

- ✓ Members are responsible for leaving the Community Center and all facilities in the same or better condition than they were found
- ✓ Members are responsible for reporting on any damage they see at the Community Center and facilities or on any persons they see not respecting the Community Center or facilities
- ✓ Members are responsible for finding 2-3 suitable volunteer opportunities with the Lorne Mountain Community Association or at Community Center events/programming each year in order to ensure all jobs are able to be completed
- ✓ Members are responsible in ensuring any guests they bring with them to the Lorne Mountain Community Center either pay the guest fee or become a member themselves

CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities organized by LMCA. I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these LMCA activities and events, I agree to release from liability, agree to indemnify, and hold harmless LMCA, and any LMCA agent, officer or LMCA employee acting within the scope of their duties, for any injury to my person or damage to my property. This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the LMCA, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name (PRINT): _____

Legal Name (SIGN): _____

Active officer of group _____

Date: _____