



LMCA Membership Renewal Short form 2020/21

Valid till October 31st 2021

No changes to address, household, interest

- Annual Family Membership: Sliding Scale \$30 to \$60**
(*Recommendation \$40*)

please return form – with signed waiver – page 2
to Lorne Mountain Community Association, Box 10009, Whitehorse YT Y1A 7A1
or lmca@northwestel.net

Name _ _____

Email contact _____

Please renew my membership based on data provided last year – no changes to contact etc

I am aware of all
LMCA Member Rights and Responsibilities as provided in previous years

you can pay membership fee
by e transfer to lmca@northwestel.net or by cheque or cash . thanks

comments : _____

LMCA appreciates and expects your cooperation to allow us to keep open our recreational facilities. We are asking that you strictly observe our rules during COVID-19. You agree to observe and fully abide by all rules and regulations prescribed – LMCA follows the Yukon Government COVID-19 Sport and Recreation Guidelines," <https://yukon.ca/en/health-and-wellness/covid-19-information/industry-operating-guidelines-covid-19/sport-and-recreation> You may be asked to leave the premises if you are not following the rules and regulations prescribed by LMCA.

The virus can be transmitted by asymptomatic people. LMCA is following government rules and regulations but there can be no assurance that the virus will not be contracted at our recreation facilities Please understand that you are taking part in our programs and activities at your own risk.

By completing this declaration, you agree to the statements within:

- I hereby declare that I (or anyone in my household) will self-screen for and has not experienced any cold or flu-like symptoms in the 10 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing) before using the facilities
- If I or anyone in my household experience any cold or flu-like symptoms -I will then not visit the Association Facilities for a minimum period of 14 days after the cold or flu-like symptoms have completely gone away. This remains in effect during the entire COVID-19 pandemic unless communicated otherwise.
- I hereby declare that I or any member of my household will not have travelled to or had a lay-over in any country outside Canada in the 14 days before using facility
- I have read and understand the LMCA COVID-19 rules and accept and waive any right to privileges should I not comply with these rules. I hereby accept the RISK OF CONTRACTING COVID-19 by choosing to attend or use the LMCA facilities

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):

Date: _____