

# REGINA LAWN BOWLING CLUB – 2025 MEMBERSHIP APPLICATION FORM

## LUCK OF THE DRAW LEAGUE

MEMBERSHIP FEES MUST BE PAID & MEMBERSHIP APPLICATIONS MUST BE APPROVED **BEFORE** YOU MAY BOWL

<b>COMPLETED FORMS &amp; PAYMENT CAN BE:</b>	<b>DROPPED OFF:</b>	<b>IN THE MAIL SLOT B1 AT THE CLUB</b>
	<b>MAILED TO:</b>	<b>REGINA LAWN BOWLING CLUB INC. RPO NORMANVIEW, PO Box 31102, REGINA, SK S4R 8R6</b>
	<b>EMAILED TO:</b>	<a href="mailto:RLBCGROUPBOOKINGS@OUTLOOK.COM">RLBCGROUPBOOKINGS@OUTLOOK.COM</a>
	<b>DROPPED OFF:</b>	<b>AT MEMBERSHIP RENEWAL DAY</b>

### CONTACT INFORMATION

NAME:
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ADDRESS:	POSTAL CODE:
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TELEPHONE:	EMAIL:
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AGE:	<input type="checkbox"/> 0-12	<input type="checkbox"/> 13-18	<input type="checkbox"/> 19-54	<input type="checkbox"/> 55+	GENDER:	(REQUIRED FOR SASK SPORT)
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<b>LEAGUE ASSOCIATE MEMBERSHIP</b> <b>\$100 FOR NON-RLBC PLAYERS</b> <b>\$0 FOR RLBC PLAYERS</b> <i>(Note: Fee is included for all Regular RLBC Members and for all Full RLBC Youth Members.)</i>	
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Payment Method:	Cheque # Payable to: <b>Regina Lawn Bowling Club Inc.</b> Cheque Amount: \$ _____	<input type="checkbox"/> E-transfer to BCubedBowls@outlook.com	<input type="checkbox"/> Cash
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**PLEASE READ AND SIGN BOTH PAGES OF THE MEMBERSHIP APPLICATION.**  
**You will be automatically added to our Communication's List.**

_____ SIGNATURE OF APPLICANT	_____ DATE
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APPLICATION APPROVED (PRESIDENT'S INITIALS):

TREASURER'S INITIALS	MEMBER #
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## Obligations and Responsibilities of the Member and the Regina Lawn Bowling Club Inc.

- Any member who chooses to withdraw from participation within the RLBC for any circumstance or who chooses to not actively use their membership privileges shall not be entitled to a refund of any portion of the fees that have been paid.
- By signing this form, I desire to become a member of the Regina Lawn Bowling Club Inc. I declare that the information on this form is true and correct. I will abide by the Policies, Rules, Regulations and Bylaws of the Regina Lawn Bowling Club, the Code of Conduct of Bowls Sask and the Code of Conduct of Bowls Canada Boulingrin.
- Photographs and videos of individuals may appear on the website, social media or other publications.

### Waiver

#### INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

**By executing this document, you will assume certain risks and responsibilities. Please read carefully.**

1. This is a binding legal agreement. As a Participant in the activities, programs and events of The Regina Lawn Bowling Club Inc. and the lawn bowling (collectively the "Activities"). The undersigned, being the Participant and their Parent(s)/Guardian(s), acknowledge and agree to the following terms:

#### Disclaimer

2. The Regina Lawn Bowling Club Inc. and its Directors, Officers, organizers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of applicable facilities, and representatives, and their heirs, executors, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives (collectively the "Organization") are not responsible for any injury, property damage, expense, loss of income, damage or loss of any kind suffered by a Participant during, or as a result of, the Activities.

#### Description of Risks

3. The Participant is participating voluntarily in the Activities. In consideration of the Participant's participation in the Activities, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards associated with or related to the Activities and may be exposed to such risks, dangers and hazards which can be severe and even fatal. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) The sport of lawn bowls;
- b) Executing strenuous and demanding physical techniques;
- c) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
- d) Exerting and stretching various muscle groups;
- e) Entering and exiting the field of play;
- f) Extended time in adverse weather conditions;
- g) Extreme weather and temperature conditions which may result in dehydration, heatstroke, sunstroke or hypothermia;
- h) Falls to the ground due to uneven or irregular terrain or surfaces;
- i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- j) Contact, colliding, falling or being struck by equipment, other participants, or equipment;
- k) Collisions with fences, poles, stands, and other equipment;
- l) Spinal cord injuries which may render me permanently paralyzed; and
- m) Travel to and from events which are an integral part of the Organization's Activities.

#### Release of Liability

4. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:

- a) That the Participant's physical condition has been verified by a medical doctor to participate in the Activities;
- b) To freely accept and fully assume all such risks, dangers and hazards, and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from the Participant's participation in the Activities;
- c) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation in the Activities.

#### Acknowledgement

5. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

_____	_____	February 27, 2024
Printed Name of Participant	Signed Name of Participant	Date

Complete if under 18 years of age

_____	_____	_____
Printed Name of Parent/Guardian	Signed Name of Parent/Guardian	Date