



Trail of the Caribou Research Group (TCRG)  
14 Bocker Place, Portugal Cove – St Philips NL  
A1M 2J9, 709-727-4674 [CaribouTrail@nl.rogers.com](mailto:CaribouTrail@nl.rogers.com)

## **Membership / Donation Form**

One time membership dues good for as long as you want to be a member.

### **Contact Information**

Name: \_\_\_\_\_

Date of Birth for under 16 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Dues or a Donation :** Make Cheques Payable to TCRG, e-transfer to [cariboutrail@nl.rogers.com](mailto:cariboutrail@nl.rogers.com) if paying by Credit Card call 709-727-4674 or fill in info below. You can mail or email the form

**Full Member** \$40.00

**Junior Member (under 16)** Free

**DONATION:** \_\_\_\_\_ **Total Amount** \_\_\_\_\_

**By joining Trail of the Caribou Research Group (TCRG), I hereby agree to abide by the By-Laws, the Code of Conduct, instructions and decisions of the Board of Directors of the TCRG.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is a minor,

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

TCRG Can Charge my Visa/ Master Card the amount indicated above (circle one)

Card # \_\_\_\_\_ Expiry \_\_\_\_\_ MM \_\_\_\_\_ YY Sec/CCV # \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_



## TCRG - LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

**Please read this agreement carefully and fill in all blanks before signing.**

I, \_\_\_\_\_, hereby affirm that I understand that as a member of the Trail of the Caribou Research Group (TCRG) that I may be participating in a range of TCRG-sanctioned activities. I also understand and agree:

1. that such participation involves certain risks which could result in consequences including property damage, personal injury, and death.
2. that I am responsible for educating myself in all applicable risks before participating and for managing / mitigating those risks accordingly.
3. that the only way I can completely eliminate all risks related to participating in sanctioned activities is to choose not to participate in them, which I understand I am free to do at any time and for any or no reason.

In consideration of being allowed to participate in TCRG-sanctioned activities, I hereby expressly assume all risks whether foreseen or unforeseen that may befall me as a result of doing so.

I also understand and agree that neither TCRG nor its members, including but not limited to officers and directors, agents, contractors, employees, or assigns, volunteers, participants, and activity leaders (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in these sanctioned activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further release, exempt and hold harmless all Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in these sanctioned activities.

I further state that I am of lawful age and legally competent to sign this liability release and if I am not that I have acquired the written consent of my parent or guardian who is of lawful age and legally competent to sign this liability release. I understand the terms herein are contractually binding and not a mere recital and that I have signed this Agreement of my own free will and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid that that provision shall be severed from this Agreement and that the remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE THE TRAIL OF THE CARIBOU RESEARCH GROUP AND ALL RELATED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

---

Participant Signature

Date (Day/Month/Year)

If participant is a minor, and by their signature, they, on my behalf release all claims that both they and I have.

---

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)