

# *Warriors of Hope – Breast Cancer Survivor Dragon Boat Racing Team*

## **heart - determination - strength**

### **MEMBERSHIP/RENEWAL APPLICATION – 2018/2019**

In 1999, **WARRIORS of HOPE** Breast Cancer Survivor Dragon Boat Racing Team was formed in North Bay, Ontario. We are a membership-based charitable organization governed by a volunteer Board of Directors and have Paddling and Associate Members.

Our mission is to:

- ❖ Increase Breast Cancer Awareness, through promotion of proactive breast health and breast self examination, and the benefits of regular physical activity in the prevention of and recovery from breast cancer.
- ❖ Honor those who have gone before and offer hope to those that will surely follow. “*Jane Doe*” the name of our boat symbolized all these women.
- ❖ Show the courage and vitality of survivors by our example that “*There is quality of life after breast cancer.*”

#### **MEMBERSHIP ELIGIBILITY**

Paddling Member:

- Be a breast cancer survivor
- Support the objects of the Organization
- Pay the annual membership fee (\$45)

Associate Member:

- Support the purposes of the Organization
- Pay the annual membership fee (\$30)

Membership Privileges:

- Vote at Annual General Meeting
- Be eligible for nomination to be elected to the Board of Directors
  - Participate in Committees
- Participate in BCS Dragon Boat Races (Paddling survivor members only)

**To become a member or renew your membership, please complete the application below and return it, along with your membership fee (payable to Warriors of Hope) to:**

*Warriors of Hope  
P.O. Box 1495  
North Bay, On P1B 8K6*

#### **MEMBERSHIP/RENEWAL APPLICATION**

\_\_\_\_\_ **PADDLING MEMBER** \_\_\_\_\_ **NON-PADDLING MEMBER** \_\_\_\_\_ **ASSOCIATE MEMBER (non-BCS)**

\_\_\_\_\_  
**Surname (Please Print)**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Town/City**

\_\_\_\_\_  
**Postal Code**

\_\_\_\_\_  
**Telephone Number (Home)**

\_\_\_\_\_  
**Telephone Number (Home)**

\_\_\_\_\_  
**Cell Number**

\_\_\_\_\_  
**E-Mail Address**

**My Area (s) of Interest are:**

\_\_\_\_\_ **Paddling (Breast Cancer Survivor)**  
\_\_\_\_\_ **Committee Work**

\_\_\_\_\_ **Volunteering at events**  
\_\_\_\_\_ **Board Member**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

# Warriors of Hope Practice and Event Waiver and Release

In consideration of receiving permission to participate in the Warriors of Hope practice sessions offered by the Warriors of Hope event organizers, I, for myself and my heirs, executors, successors and assigns hereby Release, Waive, and Forever Discharge the North Bay Canoe Club, The Warriors of Hope, The City of North Bay, the Department of National Defense, and all their respective directors, members, trustees, agents, representatives, officers, sponsors, licensors, associations, sanctioning bodies, servants, employees, contractors, successors, coaches, instructors, volunteers and assigns of and from all claims, demands, damages, costs, expenses, actions, and causes of actions, whether in law or equity, in respect to death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation in the said event and/or practice sessions, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event or practice session, and notwithstanding that same may have contributed to, or occasioned by, the negligence of any of the aforesaid. I indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in said event and/or practice session.

I and my next of kin are duly aware of the risks and hazards inherent in both the sport of dragon boat racing and entering the premises used for the purpose of launching, docking and storing equipment used in the sport of dragon boat racing, and specifically in participating in the Warriors of Hope practice sessions and I acknowledge that conditions may be hazardous and dangerous and that obstructions may exist, and that high winds may cause rough water, and that I hereby give notice that I am a competent swimmer and that I voluntarily assume all risks of loss, damage, or injury, including death, that may be sustained by me or to any property in connection with my participation in the event and/or practice sessions.

By submitting this form, I acknowledge having read and, understood and agreed on the above Waiver, Release and Indemnity and I warrant that I am physically fit to participate in the event and/or practice sessions.

Further, I hereby grant full permission to any and all of the aforesaid to use any photograph, videotape, motion picture, recording or any record of the event for legitimate purpose.

Name (*print*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Witness \_\_\_\_\_