



VICTORIA BALLROOM DANCE SOCIETY Membership Application (GST #89929 6099 RT0001)
P.O. Box 35024, RPO Hillside, Victoria BC V8T 5G2 250-721-5483 info@vbds.org www.vbds.org

Membership fees are **\$70** per year (**\$40** for **full-time students** and people on BC or CPP **Disability Assistance**).
First-time members, or members rejoining after an absence of more than one year from the expiration of their last membership: **Jan 2-April 1 \$50 (\$30 student/disability)** or **Apr 2-Aug 30 \$30 (\$30 student/disability)**. Make payment to: Victoria Ballroom Dance Society, and mail to the above address.

The Board reserves the right to grant or deny membership privileges.

Informed Consent Agreement and Liability Waiver (Please print)

I, _____(person #1), and I, _____(person #2) declare that I intend to use some or all of the activities, facilities, programs and services offered by the Victoria Ballroom Dance Society. I know that dancing is a potentially hazardous and strenuous activity and that I should not dance unless I am medically able. I understand that it is not the responsibility of any instructor, member or affiliate of the Victoria Ballroom Dance Society to assess my physical, mental or emotional fitness to participate in any activity whatsoever. I assume any and all risks associated with dancing including but not limited to adverse physical effects, falls, contact with other participants, and the effects of temperature including high heat and/or humidity. I assume full responsibility during and after my participation to use or apply, at my own risk, any portion of the information or instruction I receive.

I hereby waive, release and discharge the Victoria Ballroom Dance Society, its governing board, officers, directors, representatives, volunteers, and all others, from any and all responsibility or liability from injuries or damages including those caused by negligent acts or omission, or connected with participation in any of the Victoria Ballroom Dance Society activities, programs and services.

I declare that I am not currently a member of a professional Ballroom Dance Organization.

I declare that I have read, understand and agree to the contents of this Informed Consent Agreement and Liability Waiver in its entirety.

Signature#1: _____ Witness: _____ Date: _____

Signature#2: _____ Witness: _____ Date: _____

Completion of this form confirms your acceptance of the VBDS Privacy Policy.

PERSON #1	PERSON #2
Name	Name

*******INFO BELOW FOR NEW MEMBERS OR UPDATES ONLY!*******

Email – or same as partner (___)		Email – or same as partner (___)	
Phone – or same as partner (___)		Phone – or same as partner (___)	
Street Address – or same as partner (___)		Street Address – or same as partner (___)	
City	Postal Code	City	Postal Code
Membership Fee \$	School & Student Number or CPP if discount requested	Membership Fee \$	School & Student Number or CPP if discount requested

Go to class registration form and enter above membership fee(s) OR:

\$ _____ cash / cheque / VISA / MC / debit \$ _____ cash / cheque / VISA / MC / debit