



Participant Registration

Please return this form to:
Betty Cheung
DIGA
207 – 3077 Granville Street
Vancouver, BC V6H 3J9
Fax: 604-688-6463

Personal Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (home): _____ (work): _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Current Occupation: _____

Medical History

Nature of Disability: _____

Mobility Aids: Wheelchair Scooter Crutches Cane Other _____

Medications & Allergies: _____

BC Health Card # _____ Other Health # _____ Type _____



Other Information

Relevant Experience: _____

Where did you learn about DIGA? _____

What agency provides financial assistance?

- | | | |
|--|---|---|
| <input type="checkbox"/> ICBC | <input type="checkbox"/> WorkSafe BC | <input type="checkbox"/> Provincial Social Services |
| <input type="checkbox"/> CPP | <input type="checkbox"/> Private Health Insurance | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify): _____ | | |

Image Consent

Consent for use of name or image in electronic or print reproductions:

In consideration of the Society accepting this application, I, _____ or the parent/guardian of _____ (applicant), give my consent to have my (or applicant's) name and/or image stored and reproduced by the Society for Society promotional and informational purposes. Reproduction consent includes release for use in Newsprint and News-magazine articles, newsletters, and submissions to third parties.

Membership Status (for office use only)

Member Since: _____ Renewed membership: _____



Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity

By signing this document, you will waive certain legal rights including the right to sue. Please read carefully.

Assumption of Risks:

I am aware that gardening, including receiving instruction, assistance and or lectures/lessons, involves many inherent risks, dangers and hazards, including, but not limited to, impacts with debris and other objects or equipment used in connection with the program and the instruction thereof, the failure to follow safety procedures or perform within one's own ability or within designated areas, negligence of other participants and negligence on the part of DISABLED INDEPENDENT GARDENERS ASSOCIATION, its members, directors, officers, volunteers, agents, representatives, employees, and assigns. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

Release of Liability, Waiver of Claims, and Indemnity:

In consideration of MY APPLICATION to participate in DISABLED INDEPENDENT GARDENERS ASSOCIATION activities and permitting me to use its equipment and other facilities including but not limited to receiving horticultural instruction, assistance and/ or lessons I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS: that I have or may have in the future against DISABLED INDEPENDENT GARDENERS ASSOCIATION, its members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively the "Releases");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my use or my presence due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT_R.S.B.C., 1979, C 303, AS AMENDED, ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any liability for any damage to property of, or personal injury to, any third party.

By entering this agreement, I am not relying upon any oral or written representations or statements made by the releases other than what is set forth in this agreement.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releases.

****Note:** A parent, guardian, and/ or trustee, committee must also read this form and sign below if the participant is under 19 years of age and/ or the participant has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

Date _____

Participant Signature _____ **Print Name** _____

Signature of Parent/ Guardian _____ **Print Name** _____
(If participant is under 19 years of age)

Witness _____ **Print Name** _____

Forward this application to:

Betty Cheung
DIGA
207 – 3077 Granville St.
Vancouver, BC V6H 3J9

bcheung@disabilityfoundation.org
Fax: 604-688-6463

More info: 604-688-6464 ext. 106, or www.disabilityfoundation.org/diga