



**Dryden District Conservation Club Inc.**  
**101 Henderson Road**  
**P.O. Box 482**  
**Dryden, On P8N 2Z2**

**Objectives:**

- To diligently seek to protect and enhance the rights and privileges of Anglers and Hunters
- To Enhance the quality and opportunities for Anglers and Hunters in our local area providing leadership and support through labour, expertise, or financial contributions

**As a member, you have access to the following:**

- Certified Pistol Range, 20 yards
- Certified Rifle Range
- Certified Trap Shooting Range
- Certified Archery Range
- Affiliated with **Ontario Federation of Anglers and Hunters (OFAH)**

**General meetings** are held on the 4<sup>th</sup> Wednesday of January, April, July, and October. All members are encouraged to attend, locations will be sent by email.

**Conservation Pledge**

*“I give my pledge, as a Canadian, to save and faithfully defend from waste, the natural resources of my country, its soils and minerals, its air, water, forest, and wildlife.”*

**MEMBERSHIP & RENEWAL**

**DRYDEN DISTRICT CONSERVATION CLUB INC. MEMBERSHIP FEES**

*Junior \$40.00    Single \$75.00    Family \$95.00*

**New for 2024: OFAH membership is required to be maintained by the Member(s)**

Please Provide OFAH Membership #:   
City:

***NOTE: Renewals are valid only from January to December of the same year***

**ADDITIONAL MEMBERSHIP FEES**

No Longer Apply for Trap or Archery

*When submitting payment please include any change of address as well as an email address.  
We will be sending out renewals electronically.*

**Mailing Address**

Name(s):   
Address:   
City:   
Postal Code:

**Contact Information**

Phone Number:   
Emergency Contact Info:   
Email Address:

**Name(s) and Birthdate(s) of Children if Applicable**

Name	Birthdate

**PHOTO OPT-OUT RELEASE**

Please complete and return this form ONLY if you do NOT want the **Dryden District Conservation Club Inc.** to record your participation and appearance on any recorded medium.

I, the undersigned, do not wish the **Dryden District Conservation Club Inc.** (DDCC Inc.) to record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, social media, and internet).

I understand the DDCC Inc. will make reasonable efforts to comply with my request. If I become aware of a recording with my likeness, I will notify the DDCC Inc. and I understand that the DDCC Inc. will then make reasonable efforts to remove my likeness from recordings.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above Photo Opt-Out Release, and am familiar with its contents.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE**

I hereby confirm that I am the parent or legal guardian of the above-named participant. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent; I have read the above Photo Opt-Out Release, and am familiar with its contents.

Parent or Guardian:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**WAIVER AND RELEASE OF LIABILITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS**

Initial \_\_\_\_\_

**IMPORTANT: THIS IS A LEGAL DOCUMENT** Prior to participating in any program you must read **this and sign it**. If you have any questions, please ask. By signing this Waiver and Release of Liability Agreement, Acknowledgement and Assumption of Risks. YOU give up the right to SUE for ANY and all Injuries, bodily, mentally or monetary or property damages, howsoever caused

**1. Parties to this waiver and release, acknowledgement and assumption of risks agreement**

Known as "The Releasor" (Please Print) \_\_\_\_\_  
The Individual (and/or Guardian on behalf of ward/child) attending an activity or activities

Address of "The Releasor" (Please Print) \_\_\_\_\_

I execute this waiver and release acknowledgement and assumption of Risks and hereby release, hold harmless and indemnify:

Known as "The Releasee" (Please Print) \_\_\_\_\_

Address of "The Releasee" (Please Print) \_\_\_\_\_  
Address of the organization holding the event

**2. Nature of the "Activities":**

**Name of Activity/Activities:** \_\_\_\_\_

**Activity Date or Dates:** \_\_\_\_\_

The individual Releasor engaging in any and all activities is defined as; a participant, guest, volunteer, spectator and/or parent/guardian who is completing this waiver and release on behalf of a child/ward.

**3. Waiver and Release**

I, \_\_\_\_\_, hereby waive, release and forever discharge:

Known as "The Releasor" (Please Print)

I agree to indemnify and hold harmless the Releasee, their officers, employees, agents, volunteers and representatives from any and all claims damages, losses, injuries and expenses arising out of or resulting from participating in these activities. I further agree to release acquit and covenant not to sue Releasee, their agents and employees for any and all actions of Releasee.

Initial \_\_\_\_\_

I agree to waive any and all claims I may have against the Releasee and release from all liability and agree not to sue Releasee and its officers, employees, agents, volunteers and representatives, for any personally injury, death, property damage or loss sustained as a result of my son or daughter's participation in the outdoor activity arising out of any cause whatsoever, including negligence.

**4. Acknowledgement**

I acknowledge that the "Activities" involve inherent risks and dangers that may cause serious injury and possible death. **I fully understand the risks and dangers associated with the "Activities" and accept same entirely at my own risk.**

I understand that this document, as outlined above **contains a promise not to sue the Releasee or any of its members** and that it constitutes a release of Liability and an indemnity for all claims.

Initial \_\_\_\_\_

I fully comprehend and understand the implications of this Agreement and are aware of the risks and accept them.

I am signing this document freely and voluntarily.

In signing the consent and waiver, I am not relying on any oral or written representation or statements made by the Releasee, its officers, employees, agents, volunteers and representatives to induce me and/or my child to participate other than those set out in this consent and Waiver.

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

**Parent or Guardian**

If I am the parent or guardian of the participant, I have completed the Agreement as the "Releasor" as required above, I have read and understand and execute this Waiver and Release (Agreement) on behalf of the child/ward. In the event, for any reason, it is determined that my execution of this Agreement is determined not to be effective to impose the terms of this release, I agree to indemnify the corporation (Releasee) with respects to all claims advanced by or on behalf of the child/ward. I am accepting the risk of an accident occurring, and agree that this activity, is suitable for my son or daughter.

\_\_\_\_\_ Date

\_\_\_\_\_ Print name of child/ward attending the activity

\_\_\_\_\_ Date of Birth (mm/dd/yy)

\_\_\_\_\_ Witness Signature

\_\_\_\_\_ Releasor Signature