

The Integrated Fitness Society  
2820 Bushnell place, North Vancouver,  
British Columbia V7J 2Y8  
Telephone (778) 340-3091  
Facsimile (604) 985-7594  
E-mail: info@interfit.ca



Website: [www.interfit.ca](http://www.interfit.ca)

### **Volunteer Sherpa (hike assistant) Waiver 2011**

***Please read and sign the following waiver of liability. By signing below, you will waive certain rights including the right to sue. Please read carefully. Disclaimer Clause:***

The Integrated Fitness Society herein after referred to as the Society' are not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever including without limitation the negligence of the Society and their respective servants, agents, or employees.

#### **Agreement:**

In consideration of the Society accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns release the Society, its respective servants, agents, or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attendant at or participating in any activity of the Society notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Society, its respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of the Society. I confirm that I have read and understood this waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the above Disclaimer Clause by my signature below (parent or guardians please sign below for minors).

#### **Indemnification:**

In consideration of the Society accepting this application, I, \_\_\_\_\_ (your name or parent or Guardian) agree to indemnify the Society, its respective servants, agents or employees from any claims or demands that might be made against the Society arising out of or in consequence of any event or activity sanctioned by the Society. If under the age of 18, indemnification must be signed by a parent or guardian.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**(If possible please print and fill in this form and bring it with you or email a signed copy to: [info@interfit.ca](mailto:info@interfit.ca) )**



# INTERFIT VOLUNTEER APPLICATION FORM

Date Received:

## 2011

**MISSION** – *Work to improve the quality of life for people living with disabilities by providing integrated fitness and recreational opportunities.*

### PERSONAL INFORMATION

1.	NAME	LAST	FIRST	INITIAL(S)	DL CLASS
2.	ADDRESS	CITY	STREET	#	POSTAL
3.	CONTACT INFO	HOME PHONE	CELL	EMAIL	
4.	EMERGENCY	NAME	PHONE	RELATIONSHIP	

### PLEASE CHECK YOUR AVAILABILITY

5.	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

### PLEASE SUPPLY 2 REFERENCES

6.			
7.	NAME	FIRST	LAST
			PHONE
			EMAIL

### PAST EXPERIENCE

8. HAVE YOU EVER VOLUNTEERED BEFORE? EXPLAIN.....

### 9. AREAS YOU WOULD PREFER TO VOLUNTEER? (MARK WITH AN X)

9.	HIKING	KAYAKING	OUTFITTING	EVENTS	ALL
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YOUR COMMENTS:

### DISCLAIMER

As a volunteer applicant I understand that not everyone who applies to InterFit is accepted as a volunteer and that I may be expected to attend an orientation and/or training prior to the beginning of my volunteer duties. Any volunteer under the age of 18 must have a parent/guardian sign this form prior to any volunteering. No information in this application will be shared with any other organization other than Interfit. Every volunteer position is subject to a probationary period.

10.			
	SIGNATURE	PARENT/GUARDIAN	DATE

OFFICE USE ONLY NOTES: