

HEART

STRENGTH

DETERMINATION

Warriors of Hope

Today, Dragon Boat Racing is the winning solution for the individual who has survived breast cancer as it creates a support group and a challenge at the same time.

Warriors of Hope Membership/Renewal Application

In 1999, the Warriors of Hope Breast Cancer Survivor Dragon Boat Racing Team was formed in North Bay, Ontario. We are a membership-based 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, regular breast screening and advocating the lowering of the age of government-funded breast screening to 40 years of age instead of the present 50 years.
- Honour those who have gone before and offer hope to those who will surely follow. ‘Jane Doe’, the name of our boat, symbolizes 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 & Non-Paddling Member:

- Be a breast cancer survivor
- Support the objects of the organization
- Pay the annual membership fee (\$25)

Associate Member:

- Support the objects of the organization
- Pay the annual membership fee (\$20)

Membership Privileges

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

For more information, see our website at www.warriorsofhope.com

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

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

Warriors of Hope Membership/Renewal Application

Paddling Member Non-Paddling Member Associate Member (\$20.00)

Surname _____ First Name _____

Street _____ City _____ Postal Code _____

Telephone (home) _____ (work) _____

Email address: _____

My area(s) of interest are: Paddling (Breast Cancer Survivor) Volunteering at events

Committee work Board Member

Date: _____ Signature _____

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**Warriors of Hope
2011 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 _____