FSH 2026 Membership Application

ACKNOWLEDGEMENT OF RISK, ACCEPTANCE OF RESPONSIBILITY, AND WAIVER OF LIABILITY

If help with this form is required click the link to email: membership@www.FourSeasonsHikers.ca

Each member is required to read and sign the application form as verification of agreement and understanding with the following statements (a parent or guardian will need to sign on behalf of anyone under the age of eighteen).

- A Membership Unit consists of an individual or a family of two or more people that share a common address. Children under the age of eighteen must be under the direct supervision of an adult family member at all times when participating in FSH activities.
- **I recognize that hiking will expose me to risks, including but not limited to personal injury, physical impairment and even death. I accept full responsibility for being prepared physically, to be prepared for all weather conditions and to take precautions to avoid risk of injury.**
- When participating in **Four Seasons Hikers Club** events', I waive all legal remedies against the **Four Seasons Hikers Club**, against any volunteers, against anyone for suffering any loss or damages related to any communicable disease or liabilities related to injuries and/or property damage of any nature, that I might sustain, regardless of cause.
- I recognize that if I sponsor a guest for any **Four Seasons Hikers** event, it is my responsibility to ensure that my guest is fully informed of all challenges and risks inherent in the FSH event and ensure that my guest is prepared for the FSH event. The guest will be required to read and sign the FSH **"Waiver of Liability"** form **prior** to participating in any FSH event.

Dated on this day (enter date, and sign below as appropriate): _____

THIS APPLICATION APPLIES TO THE FOLLOWING PEOPLE:

Adults (18 years of age and over)			Children(Under 18 years of age)		
1	Print Name		1	Print Name	
	Signature			Signature of Parent or Guardian	
2	Print Name		2	Print Name	
	Signature			Signature of Parent or Guardian	
3	Print Name		3	Print Name	
	Signature			Signature of Parent or Guardian	
4	Print Name		4	Print Name	
	Signature			Signature of Parent or Guardian	

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CONTACT INFORMATION and PAYMENT OPTIONS

Mailing Address (Mark up if changed from last year)	
NOTE: If you DO NOT want certain aspects of your personal information available to other members, update your preferences on the website under My Account, Change Preferences.	
Address	
City	
Province	
Postal Code	
Primary Phone	
Other Phone	
Email	

Fees: (Do not send cash in the mail)

ACTIVE RENEWAL or NEW MEMBERSHIP FEES

Family @ $20.00	
Single @ $14.00	
Liability Insurance (mandatory) $3 per person	

HONORARY MEMBERSHIP FEES

Member Unit active since 2006 and earlier, 20 years +

Family @ $10.00	
Single @ $7.00	
Liability Insurance (mandatory) $3 per person	

TOTAL OWING

Total Owing	

Payment Methods

1) Preferred method:
E-transfer to: treasurer@www.FourSeasonsHikers.ca - which is set to autodeposit, and a scanned copy of the application form by email to membership@www.FourSeasonsHikers.ca

2) Cheque (payable to 'Four Seasons Hikers') along with a copy of the application form mailed to:

Membership FSH
Unit 401, 2220 16A Street S.W.
Calgary AB T2T 4K2

Are you coming to the combined FSH-PMH club with a current PMH membership? Yes/No _____

If Yes: PMH username: _____