Psychology Society of Carleton University
Membership Application

Applicant Information

Full Name: ____________________________________________________________

Last name: ___________________________ First name: ___________________________ M.I.: ___________________________

Student Number: ________________________________________________________

Year: ___________________________ Email: _____________________________________

How did you hear about the society? __________________________________________

CUSA Clubs & Societies: Release, Waiver, and Indemnity Form

Each member, including executives, of the clubs/society must read, understand and accept this “Release, Waiver, and Indemnity” before signing the member’s list in section 7. Club executives MUST obtain the signature of every Club member, in accordance with this waiver, who is to participate in a given Club activity before it takes place. If a participating member is harmed or injured in any way, and the member’s signature has not been obtained in accordance with this waiver, the burden of liability will fall upon the President of the Club/Society. This Waiver is valid once the club has achieved “certified” status upon conclusion of the certification meeting in the term in which the club submitted this application package. This waiver is valid for a period of one year, or until the following year’s application package deadline, whichever comes first.

In consideration of the acceptance by PSYCHOLOGY SOCIETY OF CARLETON UNIVERSITY (PSCU) a recognized CUSA Club or Society (herein after referred to as “the Club”), of my application for membership and the sponsorship by CUSA of the events conducted by the Club, I hereby release, waive, and forever discharge the Club and CUSA, its agents, employees, servants, and representatives of and from all claims, demands, costs, and expenses, action and causes of action, whether in law or in equity (hereinafter referred to as “claims”), in respect to death, injury, loss, or damage to my person or property howsoever caused, including negligence on the part of CUSA, its agents, employees, servants and representatives, arising out of or in any way connected with my participation in the events organized by or conducted by the Club and sponsored by CUSA, whether at its facilities or not.

PSYCHOLOGY SOCIETY OF CARLETON UNIVERSITY (PSCU)

I hereby agree to indemnity and hold harmless the Club and CUSA, its agents, employee and representative, from and against all claims incurred by any or all of them arising out of or in any way connected with my participation in the activities of the Club.

This Release, Waiver, and Indemnity Form is binding upon me, my heirs, executors, administrators, successors and assigns.

I acknowledge having read and understood the above Release, Waiver and Indemnity. Furthermore, I acknowledge the acceptance of these conditions with my signature under the “Signature of Member” column of this document.

Signature: ___________________________________________ Date: ___________________________

President’s Signature: ___________________________________________ Date: ___________________________

Membership Fee Paid On: ___________________________ Exec’s Initials: ___________________________