

Cascades Mountaineers Membership Application

(Includes Annual Release and Indemnity Agreement)

PRIMARY NAME: _____ E-MAIL: _____ PHONE: _____

SECOND NAME: _____ E-MAIL: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

Check here if you do NOT want to be listed in the Club Directory

Check here if you do NOT want to receive the newsletter by e-mail

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

INTERESTS:

What's important to you about the club? (1=very, 2, somewhat, 3=not at all)

Social (meeting people)

Finding Climbing Partners

Learning Skills

Monthly Programs

Other _____

What activities would you like the club to pursue? (Check all that apply)

Alpine Mountaineering

Backcountry Skiing

Rock Climbing

Backpacking

Other _____

What areas would you be willing to help the club? (Check all that apply)

Lead outings

Teach a seminar

Make a presentation

Write an article

Community service

ANNUAL RELEASE AND INDEMNITY AGREEMENT

Cascades Mountaineers, an Oregon non-profit corporation, exists to provide an opportunity for comradeship, mountaineering safety education, mountain travel, shared climbing adventures in the Cascades and other related activities. I am aware that on and off trail hiking, backpacking, scrambling, alpine mountain climbing, rock climbing, backcountry skiing, mountain biking and other outdoor activities may involve certain dangers including but not limited to the objective hazards of traveling in mountainous terrain, accidents or illness in remote places, force of nature, and subjective hazards including actions of participants and other persons. I accept the risk of such activities and undertake them on my own responsibility.

In consideration of membership and permission to participate in club activities, I agree to **release, hold harmless and indemnify** Cascades Mountaineers, its officers, directors, individual members, and the leaders of any such activities, from any and all liability, claims and causes of action arising out of or in any way connected with my participation, or the participation of any minor that I am signing on behalf of, on account of any negligent act or failure to act during my participation in or travel to or from any Cascades Mountaineers activity. I personally assume all risks in connection with these activities. If I am signing on behalf of a minor, I further agree to **hold harmless and indemnify** Cascades Mountaineers and its members from all liability, claims and causes of action which the minor may have arising from the minors participation in activities. The terms of this agreement shall serve as a release and indemnity agreement for my heirs, personal representative, and for all members of my family, including any minors. In case of accident or illness or other incapacity, I understand that I must pay my own medical and/or evacuation expenses, whether or not authorized by me.

I have read this release and indemnity agreement and have fully informed myself of its contents before I have signed it. I hereby apply for membership and permission to participate in Cascades Mountaineers. Attached are my dues for the following 12 months in the amount of \$20 plus \$5 per additional member.

Names and Signatures of all applicants: (Must be over 18 years of age).

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Return application with dues check to *Membership Chair, Cascades Mountaineers, 16 Kansas Street, Bend, OR 97701*
For information: www.cascadesmountaineers.org or email info@cascadesmountaineers.org