

# APPLICATION FOR LIFETIME MEMBERSHIP

## Tahoe Donner Hiking Club

(Please complete as an individual, sign and date p.2, and send to Robin Reese, 11383 Sun Valley Road, Truckee, CA 96161)

Name: \_\_\_\_\_

Are You a Tahoe Donner Property Owner? \_\_\_\_\_

Physical Address (Local): \_\_\_\_\_

Telephones:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Individual to notify in event of injury/illness – Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I am interested in being included on e-mail distribution lists for (check all that apply):

\_\_\_\_\_ Long Weekday Hikes (10 miles or more)

\_\_\_\_\_ Short Weekday Hikes (Less than 10 miles)

\_\_\_\_\_ Weekend Hikes of Various Lengths

\_\_\_\_\_ Backpack Trips and/or Away Trips

I understand that the philosophy of this club includes the privilege to “hike one’s own pace” and all that the privilege may entail. \_\_\_\_\_

(Please initial)

I have read and signed the Liability Waiver on the reverse side. \_\_\_\_\_

(Please initial)

I understand it is my responsibility to notify the club officers of any changes to my address/phone/e-mail and that I can ask to have my name removed from the membership list at any time. \_\_\_\_\_

(Please initial)

# **Tahoe Donner Hiking Club**

## **Release of Liability**

In becoming a member of or participating in activities sponsored by the Tahoe Donner Hiking Club, I agree as follows:

The Club sponsors events and activities that include participation in recreational activities involving inherent and other risks to my personal safety and property. Hiking and backpacking pose risks to all participants that cannot be eliminated. Those risks can result in personal injury, including the potential for permanent paralysis or death, and loss of or damage to property. I acknowledge that hiking and backpacking present a variety of hazards and dangers due to high altitude, changing weather conditions, insects, wild animals, loose rocks and boulders, steep terrain, trees, streams, lakes, waterfalls, falling by myself or with other hikers. I also acknowledge that most trails are in wilderness areas that could significantly delay the response time in a medical emergency.

I agree that hike leaders shall have complete discretion to make decisions regarding rescue operations should I, or any other participant, need to be rescued. Provided I am incapacitated or rendered incompetent due to illness or injury and I am unable to make my own decisions, I consent to any emergency medical treatment or hospital care that may arise from participating in the Tahoe Donner Hiking Club. Furthermore, I agree to carry a current "Medical Information Form" in my hiking pack at all times and will inform Hike Coordinators and Hike Leaders of any pre-existing medical conditions and any and all medications I will be taking on the hike.

I certify and state that I am fully capable, physically and mentally, to participate in club-sponsored activities. I am the only one upon whom I have relied on to determine whether I am able to safely participate in these activities; I have not relied upon either the Club or Tahoe Donner Association in making that determination. Understanding the risks involved, and acknowledging that those risks may or may not be obvious, foreseeable, or inherent in the activity, I voluntarily choose to participate and thereby assume all risk of personal injury or property loss that may result from such participation. I understand that neither the Club nor Tahoe Donner Association is assuming responsibility for my safety during my participation.

Therefore, in consideration of my being permitted to participate, I, on behalf of myself, my heirs, spouse, next-of-kin, personal representatives, and assigns, do hereby assume all risk of personal injury, paralysis, death, or property loss resulting from any cause whatsoever including, but not limited to, the risks inherent in or otherwise associated with the activity and the negligence of either the Club or Tahoe Donner Association for any such claims.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT I AM RELINQUISHING SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING IT VOLUNTARILY AND INTEND THAT IT REMAIN EFFECTIVE UNTIL REVOKED BY ME IN WRITING.**

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Name (Please print)

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Signature

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Date