



Cascades Mountaineers Membership Form

(Including Liability Release and Indemnity Agreement)

PRIMARY MEMBER: _____ E-MAIL: _____ PHONE: _____

SECONDARY MEMBER: _____ E-MAIL: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MEETUP.COM NAME(S): _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____ PHONE: _____

_____ 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.

LIABILITY 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, forces 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 **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 which the minor may have arising out of or in any way connected with the minor's participation, on account of any negligent act or failure to act during the minor's participation in or travel to or from any Cascades Mountaineers activity. 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 (check one):

- | | |
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| <input type="checkbox"/> the following 12 months in the amount of \$25 | <input type="checkbox"/> plus \$15 for an additional member (\$40 total) |
| <input type="checkbox"/> the following 24 months in the amount of \$45 | <input type="checkbox"/> plus \$25 for an additional member (\$70 total) |
| <input type="checkbox"/> the following 36 months in the amount of \$60 | <input type="checkbox"/> plus \$30 for an additional member (\$90 total) |

NAMES & SIGNATURES OF ALL MEMBERS LISTED (must be at least 18 years of age):

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

Return membership form with dues check payable to Cascades Mountaineers to:
Membership Chair, Cascades Mountaineers, 61113 Deer Valley Drive, Bend, OR 97702
For information or to pay dues online: www.orcm.org or email info@orcm.org