

MEMBER RELEASE AGREEMENT

NOTICE: THIS DOCUMENT IS A LEGALLY BINDING CONTRACT WAIVING YOUR RIGHTS TO RECOVER FOR INJURY AND LOSS!

By signing this document, you waive rights to bring any legal claim to recover compensation or obtain any other remedy for your injury or death, and for loss of, or damage to property, however caused, arising out of the acts of the officers or agents of the Idaho Alpine Club, Inc., (hereinafter IAC), now or at any time in the future.

1. **Definitions.** IAC means Idaho Alpine Club, Inc., its officers, directors, agents, activity coordinators and trip coordinators. "I" means me, the undersigned member, my heirs, personal representatives, and assigns.
2. **Acknowledgment of Risk.** I acknowledge that the activities of the IAC may be dangerous and have a high degree of risk. I acknowledge that **I AM WAIVING AND RELEASING ALL CLAIMS AGAINST THE IAC FOR ANY INJURY WHATSOEVER.**
3. **Release, Indemnify, Hold Harmless.** In consideration of my participation in the activities of the IAC, I **RELEASE, INDEMNIFY, AND HOLD HARMLESS THE IAC FROM ANY LIABILITY FOR ANY INJURIES, DAMAGES, OR CAUSES OF ACTION**, of any nature, including but not limited to, any claim of negligence, which I may have or acquire in the future against the IAC on account of my involvement in the IAC activities. This Release Agreement applies to all IAC activities in the future in which I may participate. This Release Agreement shall be effective and apply to all my heirs, personal representatives, and assigns.
4. **Statement of Capacity and Understanding.** I will not undertake any activity of the IAC without becoming fully aware of the nature and extent of the risks inherent therein. By participating, **I AM VOLUNTARILY ASSUMING THE RISKS.** I will not engage in the activities unless I am in good health and I have no physical limitations which would preclude my safe participation. I understand I am responsible for my own instruction in safety and providing for my own safety

IN EMERGENCY NOTIFY: _____

Member Signature _____

Member Signature _____

Print Name (s) _____

Address _____

City, State, Zip _____

Contact Phone (s) # _____

Email Address _____

If the above-named member is under 18 years old: Parent/Guardian Consent: I, as parent or guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this Release Form.

I authorize his or her signing it, and covenant not to sue.

x

Parent/Guardian Signature _____

Print Parent/Guardian Name _____

x

Date _____

Telephone _____

Enjoy the outdoors with the IAC -- Join today

For more information write to the address below.

Idaho Alpine Club
P.O. Box 2883
Idaho Falls, Idaho 83403-2883
www.IdahoAlpineClub.Org

_____ Single membership \$25 per year

_____ Household family--\$30 per year

Please read and complete the release form on the reverse side
Membership is NOT valid unless the release form is completed.

Names(s): _____

Please Note: Event and activity notices will be via the website at www.idahoalpineclub.org. Other options are: Facebook (Like "Idaho Alpine Club"),

Interests (Check those that apply!):

A	<input type="checkbox"/>	Backpacking
B	<input type="checkbox"/>	Bicycling
C	<input type="checkbox"/>	Caving
D	<input type="checkbox"/>	Climbing, Ice
E	<input type="checkbox"/>	Climbing, Rock
F	<input type="checkbox"/>	Conservation

G	<input type="checkbox"/>	Cross-Country Skiing
H	<input type="checkbox"/>	Hot Potting
I	<input type="checkbox"/>	Kayaking
J	<input type="checkbox"/>	Mountaineering
K	<input type="checkbox"/>	Rafting
L	<input type="checkbox"/>	Trail Maintenance

M	<input type="checkbox"/>	Winter Camping
N	<input type="checkbox"/>	Canoeing
O	<input type="checkbox"/>	Day Hiking
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Idaho Alpine Club
P.O. Box 2883
Idaho Falls, Idaho 83403-2883