

Trails Club Backpack Participant Application

Applicant Name: _____

Street Address: _____

City/State/ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____ DOB: _____

Membership Status: Member, FWOC Member, Non-Member

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number(s) _____

Experience as relates to this backpack. Please list training and experience such as other backpacks attended, current fitness program. Attach an additional page if necessary.

Medical or physical condition leader should be aware of _____

Have you passed a recent First Aid Class? ___ When? _____ CPR Class? ___ When _____

RECOGNITION OF RISKS

The Trails Club of Oregon was organized in 1915 and currently promotes the enjoyment of outdoor activities such as trail hiking, mountain and rock climbing, skiing, cycling, swimming, camping, and other similar activities involving the out-of-doors. While the club has had an excellent safety record, it is the responsibility of the Trails Club of Oregon to inform you that these activities, although peaceful in nature, can be dangerous and as such can cause severe injury and even death due to conditions and forces which we cannot predict. Having made you aware of these facts, the Trails Club of Oregon believes you must make your own decision regarding participation in these activities.

DECLARATION OF INTENT

I acknowledge that the Trails Club of Oregon has apprised me of the dangers and hazards, hidden or apparent, in the various activities it sponsors, as outlined above, and I elect to accept such risks and undertake these activities on my own responsibility. My signature below signifies I hereby, for myself, my heirs, and personal representatives, release and forever discharge the Trails Club of Oregon and its elected officers from any claims or demands for resultant injuries or even death, sustained by me, while participating in a Club sponsored event. Furthermore, I am financially responsible for the costs of any medical treatment or evacuations, requested by me or others on my behalf, should I become seriously ill or injured.

Applicant Information

(Please Print)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Trails Club Member (Yes) or (No)

SIGNATURE _____ DATE _____

SIGNATURE of parent or guardian if applicant is under 18 _____ DATE _____