

Idaho Mountain Recreation Membership Application

www.idahomountainrec.org

(Please print clearly using blue or black ink)

- New Application
 Renewal Application

- Membership Type: Individual \$30/Year
 Household \$40/Year

Date of Application _____

Name _____ Address _____

City _____ State _____ Zip _____

Phone (area code) _____ Email (print clearly) _____

Emergency Contact Name and Phone: _____

Please Note! IMR normally publishes the name, city, state and telephone number (no addresses) for new members in the newsletter. We have found that this encourages existing members to welcome new members into the club, and allows people to contact each other to hook up for informal hikes. **If you would prefer that this information not be shared for members only**, please indicate here:

IMR has a **monthly newsletter** for members that has articles of interest, scheduled outdoor activities and training programs for the upcoming month. Please indicate how you would like to receive the Newsletter:
I prefer to receive info via email: **I prefer to receive info via "snail mail":**

Email addresses are used strictly for club event information and information pertinent to the outdoors. We do not share email addresses outside our club!

You & Family Members	Birth Date	M/F	Interests	I can help with
			<input type="checkbox"/> Camping	<input type="checkbox"/> Newsletter <input type="checkbox"/> Safety/Ed
			<input type="checkbox"/> Biking-Road/Mtn	<input type="checkbox"/> Web site <input type="checkbox"/> Schedule
			<input type="checkbox"/> Mtn Peak Climbing	<input type="checkbox"/> Membership <input type="checkbox"/> Happy Hour
			<input type="checkbox"/> Short Day Hikes	<input type="checkbox"/> Events <input type="checkbox"/>
			<input type="checkbox"/> Long Day Hikes	<input type="checkbox"/> Trip Leader <input type="checkbox"/>
			<input type="checkbox"/> Backpacking	<input type="checkbox"/> Phoning <input type="checkbox"/>
			<input type="checkbox"/> Outdoor Education	
			<input type="checkbox"/> Other _____	

* Single adult children up to 22 years, using their parent's address as their primary address, may continue on their parent's membership. IMR assumes no responsibility for personal injury, damaged equipment, theft or loss taking place on any club activities which it sponsors. Everyone participates at his/her own risk. Anyone under age 16 must be accompanied by a responsible adult on IMR Trips. A parent or guardian must sign for all applicants under age 18.

To join, please fill out form, sign the applicable releases (attached), and mail completed forms and check payable to: IDAHO MOUNTAIN RECREATION, ATTN: Treasurer/Elaine Walker, 3512 Tulara Drive; Boise, ID 83706.

Applications postmarked by the 10th of the month will be processed to insure delivery of the next month's newsletter. Please visit our website for more info:
<http://www.idahomountainrec.org>

All new and renewing members are required to sign the following Acknowledgement of Risk and Release of Liability. Your member dues cannot be accepted unless you have read and signed the following. Note the release for minors.

PLEASE CONTINUE TO READ AND SIGN THE APPLICABLE RELEASES ATTACHED & SUBMIT WITH YOUR COMPLETED APPLICATION AND CHECK. IMR CANNOT PROCESS YOUR APPLICATION WITHOUT A SIGNED WAIVER.

Idaho Mountain Recreation
Acknowledgement of Risk and Release of Liability

I wish to become a member of Idaho Mountain Recreation and participate in activities, events or trips partially or wholly sponsored, organized, directed, conducted, or paid for by Idaho Mountain Recreation, including its employees, agents, volunteers, instructors and members (collectively "IMR"). In exchange for the ability to join and participate in such activities, events or trips ("IMR Activities"), by my/our signature on this Acknowledgement of Risk and Release of Liability ("Release") I/we hereby irrevocably and unconditionally agree for myself/ourselves and my/our heirs, estate, insurers, successors and assigns as follows:

1. **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK.** I understand that **any and all IMR Activities may be hazardous and may result in severe injury, loss, damage, or death.** I understand that I am solely responsible for my own safety, and for taking every precaution to provide for my safety and well-being, while participating in IMR Activities. I understand that my skills may be challenged during IMR Activities. I understand that I am solely responsible for assuring that my physical conditioning, skills and equipment are adequate for me to participate safely in IMR Activities. I understand that IMR has no obligation to provide medical care, and has not undertaken the responsibility to do so. I understand that IMR is not a guide service. I understand that many IMR Activities are led by volunteers whose abilities, skills, equipment and actions are not independently controlled or verified by the IMR. I understand that IMR Activities involve inherent, serious risks and dangers that are impossible to know or predict, including but not limited to: narrow or nonexistent trails; rough, exposed, unstable, steep or slippery terrain; high-altitude illness; lightning; cold weather; avalanches, icefall or rockfall; wild or poisonous animals, insects or plants; dangerous river or water crossings; fires or floods; other forces of nature; equipment malfunctions or failure; extreme remoteness from medical facilities or rescue; travel by motor vehicles or other conveyance; acts or omissions by IMR, its employees, agents, instructors, volunteers or members; and acts or omissions by other activity participants. I understand and have considered and evaluated the nature, scope and extent of the risks involved, and I voluntarily and freely choose to assume such risks.

2. **RELEASE FROM LIABILITY.** I fully and forever release and discharge IMR, its volunteers, employees, agents, partners, leaders, instructors, members, guides, officers, directors, representatives, owners or operators of IMR Activities, facilities, equipment and vehicles, and all others involved in IMR Activities (the "Released Parties") from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property, or any other person, directly or indirectly arising out of or in connection with my participation in or attendance at any and all IMR Activities, including transportation related to IMR Activities, even if it is due to the negligence or other fault of the Released Parties.

3. **COVENANT NOT TO SUE.** I will not initiate any lawsuit, court action, or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me or others in connection with my participation in or attendance at any or all IMR Activities, and I waive any right I may have to do so. This means that I cannot sue to hold the Released Parties responsible for any injuries, losses, or damages that I may experience related to IMR Activities, even if due to the negligence or other fault of the Released Parties. I waive my insurers' right to make a claim against the Released Parties based on payments by insurers to me or on my behalf for any reason. This means that my insurers have no right of subrogation against the Released Parties. If any portion of this Covenant Not to Sue is held to be invalid or unenforceable, I agree that the venue of any lawsuit shall be Boise, Idaho, and that, irrespective of any otherwise applicable choice-of-law statute, law or provision, Idaho statutory and substantive law shall apply to any such lawsuit.

4. **INDEMNITY.** I will hold harmless, indemnify, and reimburse the Released Parties from and for any sums, costs, or expenses (including attorney fees) incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, injury (including death), loss, or damage sustained by me or others in connection with my attendance at or participation in the Activity, including transportation related to IMR Activities. This means that I will reimburse the Released Parties if anyone makes a claim against them based on injuries, losses or damages I may suffer.

5. **NO INSURANCE; MEDICAL EXPENSES.** I understand that IMR and others involved in IMR Activities do not provide me with any insurance, including life, medical, motor vehicle, or liability, for any illness, accident, injury, loss, or damage that may arise in connection with my participation in or attendance at any IMR Activities. If I want insurance of any kind, I must obtain my own insurance. I will pay my own medical emergency expenses and all subsequent medical expenses associated with any illness, accident, or injury in connection with any IMR Activities.

6. **VALIDITY.** I intend this Release to apply in connection with any IMR Activities at any time and anywhere in the world. If family membership is applied for, I agree that this constitutes the agreement of each adult family member to all of the terms and conditions of this Release. I further understand and agree that payment of IMR dues constitutes additional, independent acceptance of all of the terms of this Release. I further understand and agree that my signature of a printed copy of this Release is not required to give effect to my acceptance of the terms of this Release, but I will immediately provide my signature on a printed copy of this Release upon request. If any portion of this Release is held

to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Release supersedes any oral or written statements made by or to me at any time by anyone in connection with any IMR Activities. I understand that I cannot terminate, cancel, or revoke this Release for any reason.

I UNDERSTAND THAT BY AGREEING TO THIS ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE ANY CLAIM AGAINST THE RELEASED PARTIES. I HAVE READ THIS ENTIRE DOCUMENT CAREFULLY. I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS.

SIGNATURES REQUIRED:

Adult Individual membership (self) _____ Date _____

Or, Adult Couple/Family Membership (self) _____ Date _____

Couple/Family Membership (spouse) _____ Date _____

FOR ANY MINOR (A PERSON UNDER 18 YEARS OLD), THE MINOR'S PARENT OR GUARDIAN MUST ALSO READ AND SIGN THE RELEASE OF MINOR'S CLAIMS:

Parent/Guardian Release of Minor's Claims

I am applying for family membership with IMR and am the parent or legal guardian of a minor (the "Participant"). On behalf of the Participant, myself, the Participant's parents or guardians, heirs, estate, insurers, assigns and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

1. Agree to all of the terms of the above Acknowledgement of Risk and Release of Liability ("Release"). I understand and agree that all provisions of the Release, including but not limited to the Covenant Not to Sue and the Validity clauses, are incorporated herein by reference and apply to this Parent/Guardian Agreement as well.
2. Agree to cause the Participant to comply with the terms of the above Release, and to review with the minor the risks and understandings set forth in the "Acknowledgement and Assumption of Risk" paragraph above prior to the minor's participation in any IMR Activities.
3. Agree not to take any actions that would assist or cause the Participant to invalidate, renounce, negate, revoke, or disclaim any part of the Release.
4. Agree to hold harmless, indemnify, and reimburse the Released Parties described in the Release from and for any sums, costs, or expenses (including attorney fees) incurred by any of the Released Parties or paid by any of them to any person (including the Participant or insurers) in connection with any accident, injury (including death), loss, or damage arising out of the Participant's attendance at or participation in any IMR Activities (as defined in the Release), including transportation related to the IMR Activities.
5. Authorize and permit IMR, its employees, agents, volunteers, instructors and members to administer first aid to the Participant, emergency transportation, and any other medical treatment performed by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant during or in IMR Activities.

I HAVE READ THIS PARENT/GUARDIAN RELEASE OF MINOR'S CLAIMS AND THE PRECEDING ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY CAREFULLY. I FULLY UNDERSTAND THEIR CONTENTS AND I VOLUNTARILY AGREE TO THEIR TERMS.

Liability Release – Signature Required

Name of Minor (s) _____

Parent/Guardian for Children under 18 _____ Date _____

Last Revised 01/07