

Texas Outdoors Woman Network—Austin Chapter Membership Application

New Member?	Renewal?					
Name				Date		
Address		City		State	Zip	
Home Phone	Cell Phone		Birthday Month	and Day	(optional)	
Signature		Email (µ	Email (please print clearly)			
is <i>not</i> posted online. Please check a box be	The roster includes yo	our name, eference.	email address, an	d cell pho		
Once your application email communication	•			w to recei	ive our TOWN	
What topics/activities	s would you like to le	arn about	at TOWN meeting	gs/events	?	
How did you hear abo	out us?					

Membership dues are \$20. After August 1 dues for new members are \$10 for the remainder of the year.

Please make your check payable to **TOWN Austin** and send it with <u>all completed pages</u> to:

TOWN-Austin P. O. Box 300494 Austin, TX. 78703-0009

Please complete the other side \rightarrow

TOWN-Austin ASSUMPTION OF RISK AND RELEASE OF LIABILITY

- 1. I have voluntarily chosen to participate in <u>TOWN-Austin</u> outings knowing that these outings bring risks (such as: death, injury to myself, damage to my property) from events (such as: falls, rock falls, lightning, flooding, hypothermia, frostbite, heat or cold injuries, bites and stings, and accidents traveling to and from outings). I understand that equipment may fail, and such failure could contribute to my injury or death. My participation in <u>TOWN-Austin</u> outings (*or that of the minor on whose behalf I sign this risk and liability release*) is completely voluntary and is undertaken in spite of the hazards and risks involved.
- 2. I understand that I am solely responsible for assessing whether my skills, equipment, and level of physical and mental fitness are adequate for participation in <u>TOWN-Austin</u> outings. My skills, equipment and level of physical and mental fitness (or those for any minor on whose behalf I am signing) meet or exceed these requirements for participation in TOWN-Austin outings.
- 3. I understand that <u>TOWN-Austin</u> outings involve activities in rugged terrain in all extremes of weather, and I may be very far removed from any professional or medical services. I understand that rescues may take more than 24 hours and all medical and rescue costs are my responsibility. I understand the importance of obtaining sufficient medical and accident insurance before participation in <u>TOWN-Austin</u> outings. I understand the necessity of informing my outing leader of any life-threatening health issue I have as well as the location of medication to save my life.
- 4. I expressly accept all risks associated with <u>TOWN-Austin</u> activities and voluntarily assume full responsibility for all the consequences of my choosing to participate in <u>TOWN-Austin</u> outings. I hold <u>TOWN-Austin</u> and its officers, members, coordinators, trip leaders, and trip participants, harmless for any death, injury, damage, or loss which I (or any minor on whose behalf I sign this contract) might suffer as a result of participation in <u>TOWN-Austin</u> outings, including any injuries, death or damages which result from another's negligence or fault.
- 5. I (and for any minor on whose behalf I sign this risk and liability release) hereby waive and relinquish any claims or causes of action which may arise out of my activities as a participant in <u>TOWN-Austin</u> outings for myself and on behalf of my spouse, partner, next of kin, members of my family, heirs, and for my personal representative and my estate. I agree that under no circumstances will I or my family, my heirs, executors, administrators or assigns present any claim for death, injury, damage, or loss against <u>TOWN-Austin</u> or any of its members, leaders, or trip participants, whether or not the claim arises due to any person's negligence or fault.
- 6. I have read and I understand this entire document and agree that it is my sole agreement with <u>TOWN-Austin</u> concerning its contents. I have considered its implications. I may choose not to sign it and may decide not to participate with <u>TOWN-Austin</u>.

YOUR SIGNATURE		DATE
PRINT NAME	PHONE ()
ADDRESS	CITY	STATE
Emergency Contact	Phone	