



# Membership Form

www.towndallas.org

P.O. Box 941841, Plano, TX 75094

Please complete the following membership form and survey so we can plan programs and activities to meet your needs.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Please include me in the TOWN membership directory:  Yes  No

I have read, understood and accept conditions set forth in the liability waiver as stated on the back of this form and on our website. I also agree to abide by the T.O.W.N. rules as described on the T.O.W.N. website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check your favorite activities to be printed in the membership directory.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Archery         | <input type="checkbox"/> Backpacking     | <input type="checkbox"/> Bicycle Touring | <input type="checkbox"/> Bird Watching    |
| <input type="checkbox"/> Camping         | <input type="checkbox"/> Canoeing        | <input type="checkbox"/> Climbing        | <input type="checkbox"/> Conservation     |
| <input type="checkbox"/> Fishing         | <input type="checkbox"/> Fly-fishing     | <input type="checkbox"/> Hiking          | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Kayaking        | <input type="checkbox"/> Knot Tying      | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Mountaineering   |
| <input type="checkbox"/> Natural History | <input type="checkbox"/> Nature Crafts   | <input type="checkbox"/> Orienteering    | <input type="checkbox"/> Outdoor Cooking  |
| <input type="checkbox"/> Plant ID        | <input type="checkbox"/> Photography     | <input type="checkbox"/> Rappelling      | <input type="checkbox"/> Rowing           |
| <input type="checkbox"/> Sailing         | <input type="checkbox"/> Scuba Diving    | <input type="checkbox"/> Skiing          | <input type="checkbox"/> Snowshoeing      |
| <input type="checkbox"/> Wild. First Aid | <input type="checkbox"/> Survival Skills | <input type="checkbox"/> Other _____     |   |

We would love to include more information in the directory to assist our members with networking or to promote special skills or services. (optional)

Occupation \_\_\_\_\_ Special Skills/Services \_\_\_\_\_

Would you be willing to share your expertise with the group on any of the above activities?

Yes, I could teach the following \_\_\_\_\_

No, but I know someone who could teach \_\_\_\_\_

Would you be willing to serve on a committee? \_\_\_\_\_, Interests? \_\_\_\_\_

Would you be interested in being a trip leader? \_\_\_\_\_, Type of Outing \_\_\_\_\_

Are you CPR or EMT certified? CPR \_\_\_\_\_ EMT \_\_\_\_\_

### Membership Fee

\$20 per year. Please make checks payable to T.O.W.N. \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

Entered into database \_\_\_\_\_



## T.O.W.N. Waiver of Liability

In consideration of being given the opportunity to participate in Texas Outdoor Woman’s Network Dallas Chapter (“T.O.W.N.”) outings and/or activities, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of certain activities, both on the water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such activities.
2. FULLY UNDERSTAND that:
  - (a) OUTDOOR ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis, and death (“risks”);
  - (b) these risks may be caused by my own actions, or inactions, the actions of others participating in T.O.W.N.-Dallas outings, the condition in which these outings take place, or the negligence of the “releasees” named below;
  - (c) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the outings organized by T.O.W.N.-Dallas.
3. AGREE AND WARRANT that I will read or listen to the description of any activities in which I plan to participate. If any activity involves the use of equipment, whether my own or those provided by instructors, I will examine and inspect all equipment involved in any activity in which I take part. If I observe any condition, which I consider to be unacceptably hazardous or dangerous, I will notify the outing leader or instructor in charge of the activity. I will refuse to take part in the activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue T.O.W.N.-Dallas, its directors, agents, officers, volunteers and employees, and all other participants, organizers, sponsors, advertisers, and, if applicable, owners and lessors of premises on which any activities take place (each considered one of the releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost which may incur as a result of such a claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely with any induction or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.

Printed Name of Participant: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Participant’s Signature \_\_\_\_\_