

SENIOR TRAILBLAZERS - A Whatcom County Hiking Club

Membership Application

Please read this agreement carefully before signing and dating.

Name(s): _____

Street _____

City _____ State _____ Zip _____

Phone _____ Cell phone _____

E-Mail _____

Are you a member of the Bellingham Senior Activity Center (required): Y ____ N ____

In signing and submitting this form, I recognize that hiking involves strenuous activities, is potentially hazardous, and involves inherent risks. I knowingly and voluntarily assume all responsibility and risk for my actions and my family's actions while hiking. This includes, but is not limited to, falls, hazards of traveling on roads, mountainous terrain, accidents or illness in remote places, forces of nature, and the actions of activity leaders, coordinators or of other participants and other persons. I hereby for myself, my heirs, administrators, or anyone else who may bring claims on my or my family members' behalf, covenant not to sue, release and discharge the Senior Trailblazers, its committee members and all related individuals, from any and all claims of liability for death, personal injury, or property damage arising from my or my family members' participation in Senior Trailblazers activities.

Signature (all participating family members MUST sign):

_____ Date: _____

_____ Date: _____