



MEMBERSHIP APPLICATION

Name: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

If family membership please list names and ages: _____

New Member

Renewal

Individual \$45

Family \$65

Student/Junior - School: _____

CTOC is a non-profit, volunteer-run organization. If you would like to volunteer and help at our local meets or other aspects please let us know by selecting from the options below (select all that apply).

Event participation

Writing

Teaching

Course setting

Web site

Helping at meets

Field checking

Club administration

Other (please specify)

Event organization

Publicity

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of being permitted to participate in any way in the Orienteering USA member club events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:

1. I acknowledge that I understand that there are risks associated with orienteering activities and that I am in good health and if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. The risks may cause minor injuries, serious injuries or in extreme circumstances even death.

2. I understand that the risks associated with orienteering may be caused by me through my own actions, or inaction, or the actions or inaction of others participating in the activity and that there may be other risks either not known to me or not readily foreseeable. I fully accept all such risks and responsibility for losses, costs and damages, I incur as a result of my participation in the Activity.

3. Hereby accept and assume all such risks, and assume all responsibility for the losses, costs and/or damages following such injury, or death, even if caused in whole or in part, by the negligence of any and all of those involved with the running of the event and hold them harmless.

4. 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 without the inducement 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 and effect.

Signature of Participant **Print Name** **Date**

Signature of Parent/Legal Guardian **Print Name of Minor Child** **Date**
(If Participant is under age 18)

Please make check payable to City of Trees Orienteering and mail payment and the completed application to:

CTOC
8570 W Atwater Dr.
Garden City, ID 83714