

# SENIORS OUTDOORS!<sup>SM</sup> MEMBERSHIP FORM

**Complete both pages of this form for each individual or each couple. Please print.**  
**Return form and dues to: Seniors Outdoors, Attn: Membership Chair, P.O. Box 802,**  
**Durango, CO 81302. Make checks payable to: Seniors Outdoors.**

	Membership Dues	
<b>Check appropriate box below.</b> (Membership Year – July 1 <sup>st</sup> to June 30 <sup>th</sup> )	Individual	Couple
<input type="checkbox"/> Existing Member(s) Annual Renewal – due by June 30 <sup>th</sup>	\$15.00	\$30.00
<input type="checkbox"/> New Member(s) joining between July 1 <sup>st</sup> to December 31 <sup>st</sup>	\$15.00	\$30.00
<input type="checkbox"/> New Member(s) joining between January 1 <sup>st</sup> to June 30 <sup>th</sup>	\$ 7.50	\$15.00
<b>Name 1:</b> _____ <b>Name 2:</b> _____		
<b>Mailing address:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>		
<b>Home phone number:</b> _____		
<b>Cell number 1:</b> _____ <b>Cell number 2:</b> _____		
<b>E-mail address 1:</b> _____ <b>E-mail address 2:</b> _____		
If you are single, would you like to join the Seniors Outdoors Singles (SOS) group?    Yes <input type="checkbox"/>		
The Outings Schedule and Seniors Outdoors Singles Schedule are available electronically by visiting our Website: <a href="http://www.seniorsoutdoors.org">www.seniorsoutdoors.org</a> . If you are unable to obtain this information electronically and need these materials mailed to you, please check this box <input type="checkbox"/> .		

<b>Volunteer Opportunities:</b> Seniors Outdoors! is an all-volunteer run club. Please indicate areas in which we can call upon you to volunteer during the calendar year. For couples, boxes are provided for each person listed at the top of the page. A more complete description of these volunteer opportunities is available on the club website: <a href="http://www.seniorsoutdoors.org">www.seniorsoutdoors.org</a> .		
<b>Name 1</b>	<b>Name 2</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Club Leadership (recruited as needed). Indicate position(s) you might consider: _____
<input type="checkbox"/>	<input type="checkbox"/>	Outings Committee: Committee gathers and compiles information for the schedule four times a year
<input type="checkbox"/>	<input type="checkbox"/>	Outings Leader: <input type="checkbox"/> General. Indicate type(s) of outings you might lead): _____ <input type="checkbox"/> Wednesday Wanderers hikes
<input type="checkbox"/>	<input type="checkbox"/>	Evening Programs: Team plans and helps with the calendar of speakers for eight programs per year
<input type="checkbox"/>	<input type="checkbox"/>	Evening Programs Social: Team helps with one or more socials prior to evening programs
<input type="checkbox"/>	<input type="checkbox"/>	Club Potlucks and New Member Orientations: Team plans and helps with the March and September club potlucks and new member orientations that precede the potlucks
<input type="checkbox"/>	<input type="checkbox"/>	Club Picnic: Team plans and helps with the June picnic
<input type="checkbox"/>	<input type="checkbox"/>	Holiday Potluck: Team plans and helps with the December potluck
<input type="checkbox"/>	<input type="checkbox"/>	Circulation: Help with copying and mailing one or more times each year
<input type="checkbox"/>	<input type="checkbox"/>	Food Collection: Help with one or more of the food drives at each of the potlucks.
<input type="checkbox"/>	<input type="checkbox"/>	Membership: Assist at the visitor information table at monthly meetings one or more times a year
<input type="checkbox"/>	<input type="checkbox"/>	SO! Singles: Help plan, organize and lead or host social and/or outdoor activities

<b>Emergency Contact Information:</b> List a person who could be contacted in case of an emergency. Do not list your spouse if you and your spouse sometimes attend outings together.	
<b>Emergency contact name:</b> _____	
<b>Relationship:</b> _____	<b>Emergency phone number:</b> _____

**Please sign waiver on next page → → → → →**

# ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY AND WAIVER OF LIABILITY FOR SENIORS OUTDOORS!<sup>SM</sup> ACTIVITIES

***Read and sign this statement. For couples, each individual must sign.  
This waiver must be signed each year.***

In consideration of being permitted to participate in Seniors Outdoors!<sup>SM</sup> activities, participants must read, sign, and agree to this "Acknowledgement of Personal Responsibility and Waiver of Liability" ("Waiver"). For couples, each individual must sign. This Waiver must be signed each year.

I understand and acknowledge that participation in hiking, cross-country skiing, downhill skiing, snowshoeing, and other activities planned by Seniors Outdoors!<sup>SM</sup> can result in death, injury, (especially if I am not properly equipped or physically or medically prepared) and/or loss or damage to property. I understand and acknowledge that these activities take place under a variety of weather conditions, difficult and changing terrain, and other hazards of outdoor activities.

I understand and acknowledge that Seniors Outdoors!<sup>SM</sup>, its volunteers, officers, directors, trip leader(s) and members (collectively "members") are responsible only for trip planning, organization, and leading, and are not responsible or liable for my personal welfare and safety. I am solely and completely responsible for choosing outings that are within my physical and medical ability level, for taking proper clothing, provisions, and equipment along on outings to provide for my personal comfort and safety, and for making appropriate decisions in response to terrain, elevation, and weather conditions and their inherent hazards (such as falling, falling objects, lightning, avalanche, hypothermia and injuries caused by others) to ensure my safety.

On behalf of myself and my heirs, successors, assigns, guardian or other representative, I assume all risks for my personal safety, death or any injury I may suffer and/or the loss of or damage to my property, or the property of others caused by me, while participating in any Seniors Outdoors!<sup>SM</sup> activity. I hereby agree that I, my heirs, successors, assigns, guardian or other representative shall not make a claim against or sue Seniors Outdoors!<sup>SM</sup> and/or any of its members for death, injury or damage, including consequential damages, I may suffer that results from the negligence or other act or omission, however caused, of any member of Seniors Outdoors!<sup>SM</sup> in connection with my participation in any Seniors Outdoors!<sup>SM</sup> activity. I hereby release, indemnify and hold harmless Seniors Outdoors!<sup>SM</sup> and its members from all actions, claims or demands that I, my heirs, successors, assigns, guardians or other representatives may have or may hereafter have for my death, injury or damage I may incur as a result of my participation in any Seniors Outdoors!<sup>SM</sup> activity, and I release them from any liability for any such death, injury or damage. It is my intent to extinguish and waive any liability on the part of Seniors Outdoors!<sup>SM</sup> and its members for my death, injury or damage I may suffer as a result of my participation in any Seniors Outdoors!<sup>SM</sup> activity.

In the event any claim is asserted against Seniors Outdoors!<sup>SM</sup> and/or its members for injuries or damage to me or my property, or for injuries or damages to third parties or their property caused in whole or in part by me, Seniors Outdoors!<sup>SM</sup> shall provide written notice to me of such claims, and thereafter I shall at my own expense defend and indemnify Seniors Outdoors!<sup>SM</sup> and/or its members against such claims and any related loss or liability, including reasonable attorney fees incurred by Seniors Outdoors!<sup>SM</sup> and/or its members. In the event I fail to so defend and indemnify, Seniors Outdoors!<sup>SM</sup> and/or its members may defend, pay or settle said claim(s) without notice to me and with right of recourse against me for all payments made or agreed to be paid to discharge said claim(s), and all costs incurred, including reasonable attorney fees.

I agree that this Waiver is intended to be as broad and inclusive as permitted under Colorado law. If any portion is held invalid, the balance shall continue in full force and effect. This Waiver shall be unlimited as to amount and duration. The Waiver is governed by Colorado law, and venue shall be in La Plata County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Adopted January 2009