



P. O. Box 795634, Dallas, TX 75379

Membership Form

(214) 616-TOWN FAX: (972) 202-3435
www.towndallas.org

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 _____
I wish to receive TOWN notifications/newsletter via: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	
Please include me in the TOWN membership directory: <input type="checkbox"/> Yes <input type="checkbox"/> 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 TOWN rules as described on the TOWN website.	

Signature _____	Date _____

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

__ Archery	__ Backpacking	__ Bicycle Touring	__ Bird Watching
__ Camping	__ Canoeing	__ Climbing	__ Conservation
__ Fishing	__ Flyfishing	__ Hiking	__ Horseback Riding
__ Kayaking	__ Knot Tying	__ Mountain Biking	__ Mountaineering
__ Natural History	__ Nature Crafts	__ Orienteering	__ Outdoor Cooking
__ Plant ID	__ Photography	__ Rappelling	__ Rowing
__ Sailing	__ Scuba Diving	__ Skiing	__ Snowshoeing
__ Wild. First Aid	__ Survival Skills	__ 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
\$30 per year - Please make checks payable to T.O.W.N. _____ Ck 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.-DALLAS") 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 TOWN-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 and that, 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 and 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 the 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 and without 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 and ZIP: _____

Phone: _____

Date: _____

Participant's Signature:
