

OVER THE HILL GANG LOS ANGELES
2012 NEW MEMBER AND RENEWAL APPLICATION
 www.ohgla.org

Today's Date: _____

Application is not valid until Agreement to Waive Rights is signed by each applicant.

Applicant's Name (Print): Last _____ First _____ I am a <input type="checkbox"/> new member <input type="checkbox"/> renewing member	Second Applicant Name if applicable (Print): Last _____ First _____ I am a <input type="checkbox"/> new member <input type="checkbox"/> renewing member
Nickname Used: _____	Nickname Used: _____

<input type="checkbox"/> New address, phone or Email	Note: A two-person membership must use the same address. Street / Unit # / P. O. Box: _____ City, State, ZIP: _____	<input type="checkbox"/> I do not want to be published in the Member Directory.
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Home Phone: ()	Cell Phone: ()
Cell Phone: ()	Cell Phone: ()
Email: _____	Email: _____
Birth Date (Month/Day/Year): _____	Birth Date (Month/Day/Year): _____
Emergency Contact - Name: _____	Phone: _____ Relationship: _____

EVERYONE, please complete the following section to keep our database and mailing lists up to date.

1. I would like to participate in:

<input type="checkbox"/> Skiing	<input type="checkbox"/> Dining	Please give us your suggestions for museums, walking tours, or other places of interest for a club special event: _____ _____ _____
<input type="checkbox"/> Hiking	<input type="checkbox"/> Arts	
<input type="checkbox"/> Biking	<input type="checkbox"/> Travel	
<input type="checkbox"/> Kayaking		

2. I would be willing to volunteer in one or more of the following capacities:

<input type="checkbox"/> Officer, Board or Committee Chair	<input type="checkbox"/> Special Events Planning	<input type="checkbox"/> Outreach to Acquire Members
<input type="checkbox"/> Finance	<input type="checkbox"/> Travel or Activity Planning	<input type="checkbox"/> Alliances/Links/Partners to Acquire Members
<input type="checkbox"/> Policies and Procedures	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Offer home for an activity
<input type="checkbox"/> Membership Processing	<input type="checkbox"/> Website	

3. Membership includes the bimonthly newsletter via US Mail as well as Email for those who list Email addresses.
 I would be willing to receive the newsletter by Email only. Yes No

4. Other active recreation organizations I belong to are: 70+ Ski Club OTHGI Sierra Club
 Other: _____

5. If new member(s), I/we learned of OHGLA from _____

6. My/Our occupation is/was: _____ Retired? Applicant 1 Applicant 2

Renewals are due MARCH 1. Add \$10 late fee if postmarked after MARCH 31.

Renewing Members	New Members (Partial Year)	Replacement Badges
\$35 single membership	Dues are prorated at \$3/month for single and \$5/month for two-person memberships, beginning in April. Calculate dues from the first of the month in which you apply. Apr: \$32/\$55; May: \$29/\$50; Jun: \$26/\$45; Jul: \$23/\$40; Aug: \$20/35; Sep: \$17/\$30; Oct: \$14/\$25; Nov: \$11/\$20; Dec: \$8/\$15; Jan: \$5/\$10; Feb: \$2/\$5	\$6 for one and \$11 for two replacements for a two-person membership. (New members receive a complimentary badge.)
\$60 two-person membership		
Inactive Members		
\$10 (newsletter only)		
Please send your check or money order payable to OHGLA to: Kirsten Loumeau, 3711 Long Beach Blvd., Suite 212, Long Beach, CA 90807 kloumeau@aol.com 562-595-0409		Amt. Enclosed: _____ Ck # _____ <input type="checkbox"/> Full Year <input type="checkbox"/> Partial Year: Start Mo. _____ Badge Replacement(s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 Name(s) _____

PLEASE SIGN WAIVER ON PAGE 2. APPLICATIONS RECEIVED WITHOUT SIGNED WAIVER WILL BE RETURNED TO SENDER.

SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with **OVER THE HILL GANG LOS ANGELES** activities, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and nonpadded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result in frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement.

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees. OVER THE HILL GANG LOS ANGELES.**
2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

S/ _____
Signature of Adult Participant

Name of Adult Participant (Please Print)

Date

S/ _____
Signature of Adult Participant

Name of Adult Participant (Please Print)

Date