



TEXAS MOUNTAINEERS MEMBERSHIP APPLICATION

Send completed and signed application with appropriate dues payable to the Texas Mountaineers (\$30.00 single; \$40.00 couple) to:

Texas Mountaineers
559 Gee Street
Pilot Point, TX 76258

Application will NOT be processed if this form is not completed and signed

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone(_____) _____

Email Address _____ Cell # (_____) _____

Emergency Contact # _____ Name _____

Have you climbed before? Yes _____ No _____

If you have climbed before, please also complete 1 thru 5:

1) Where do you climb? _____

2) What gear do you own? _____

3) Is your gear marked? Y N Gear is marked with what Colors? _____

4) How frequently do you climb? Often _____ Occasionally _____ Seldom _____

5) What types of climbing? (Indicate all that apply by entering Grade Level of competency on line)

_____ Top-roping _____ Traditional lead climbing _____ Mountaineering

_____ Bouldering _____ Sport climbing _____ Ice climbing

_____ Gym climbing _____ Aid climbing _____ Alpine

Other _____

List all formal training or instruction you have received that relates to climbing or mountaineering (include all training that you have received in safety or first aid):

	Date	Rock Climbing or First Aid/CPR Course	Where Given
1			
2			
3			
4			
5			

Please accept my application for membership in the Texas Mountaineers.

I AM AWARE THAT ROCK CLIMBING, ICE CLIMBING, MOUNTAINEERING AND TRAVEL IN AND AROUND MOUNTAINOUS TERRAIN ARE DANGEROUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY AND DEATH.

I agree to abide by all rules and regulations of the Texas Mountaineers. I also agree to follow all instructions from outing leaders on all official Texas Mountaineer outings. I have executed the attached Release of Liability, Waiver and Indemnity Agreement for Participation in Inherently Dangerous Activities and have executed the two attached Medical Consent Forms.

I further certify that I am at least 18 years of age.

Signature _____ **Date** _____

Where did you hear about the Texas Mountaineers?

What interests you about the club?

RELEASE OF LIABILITY WAIVER INDEMNITY AGREEMENT

PARTICIPATION IN INHERENTLY DANGEROUS ACTIVITIES

I, _____, AM AWARE THAT ROCK CLIMBING, ICE CLIMBING, MOUNTAINEERING AND TRAVEL IN AND AROUND MOUNTAINOUS TERRAIN ARE DANGEROUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY AND DEATH.

Release executed on _____ (date), by _____ (name of applicant), of _____ (address of applicant) City of _____, County of _____, State of _____.

In consideration of being permitted to participate in rock climbing, ice climbing, mountaineering or travel in and around mountainous terrain with or conducted by the Texas Mountaineers or its officers or members, I for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive and discharge the Texas Mountaineers, its officers and members, from all liability to me, my spouse, legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to my person or property, even injury resulting in my death, whether caused by the negligence of the Texas Mountaineers, its officers or members, or otherwise, while I am participating in rock climbing, ice climbing, mountaineering or travel in and around mountainous terrain.

I agree to indemnify the Texas Mountaineers, its officers and members, from any loss, liability, damage or cost they may incur due to my presence in an area in which rock climbing, ice climbing, mountaineering or travel in and around mountainous terrain occurs, whether caused by the negligence of the Texas Mountaineers, its officers or members, or otherwise.

I hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of the Texas Mountaineers, its officers or members, or otherwise, while in any area in which rock climbing, ice climbing, mountaineering or travel in and around mountainous terrain occurs and while working for any purpose or participating in any manner in rock climbing, ice climbing, mountaineering or travel in and around mountainous terrain.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

In witness whereof, I have executed this release at _____ (place of execution) the day and year written above.

Signature _____

Witness _____ **Date** _____

Witness does not need to be notarized.

YOU MUST SIGN BOTH FORMS BELOW!!

MEDICAL CONSENT FORM

I, _____ hereby consent to any first or second aid, or any hospital care or medical or surgical diagnosis or treatment to be rendered to me, as found advisable, that may arise from my participation in activities with the Texas Mountaineers.

I understand and agree that I am solely responsible for all appropriate charges for such services.

Are there any existing medical conditions or other special considerations of which we should be aware? _____

Are you allergic to any medication? _____

Signature _____ **Date** _____

MEDICAL CONSENT FORM

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Signature _____ **Date** _____