



# TEXAS MOUNTAINEERS MEMBERSHIP APPLICATION

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

If Paying by check, send dues and Membership Form to:

**Texas Mountaineers**  
**2236 Horseback Trail**  
**Fort Worth, TX 76177**

If Paying using PayPal, email SIGNED and scanned Membership Form to:

secretary@texasmountaineers.org  
or mail to: **Request Address**

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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** \_\_\_\_\_

Member and Witness Signatures do 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**

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** \_\_\_\_\_