

WASATCH MOUNTAIN CLUB (WMC) Annual Membership Renewal

Please fill in all applicable information and return the completed form and a check for the correct amount in the enclosed self-addressed envelope. Print legibly, *please*.

Member 1: Name _____ Birth date*: _____

Member 2: Name _____ Birth date*: _____

Mailing Address: _____

City, State, Zip: _____

Member 1: Main phone: _____ Email address: _____
Required for any Activity Email Lists. Please print clearly.

Member 2: Main phone: _____ Email address: _____

PRIVACY INFORMATION: The WMC defaults to listing your name, address, phone and email in a *Member Directory*. This information is only available to current members, and to access it they must either log in to the WMC website (www.wasatchmountainclub.org) or request a printed copy from the Membership Director.

YOU NEED TO TAKE THE FOLLOWING ACTION: To not have your address, phone, and/or email listed in the *Member Directory* – if you don't have computer access or need help contact the Membership Director, otherwise on the WMC website use the **Member Menu > Privacy & Activity Preferences** webpage.

Check one:

- \$35 Single Membership
- \$35 Couple Membership if only one is a Life Member
- \$50 Couple Membership
- \$20 Student Membership (full-time students ages 18-30 only)

Check or money order only. Please make checks payable to Wasatch Mountain Club.

Have you performed a service activity for the WMC in the last year (organized an activity, trail maintenance, helped with the WMCF Lodge, etc.)? **Describe:** _____

* Your birth date is only used to verify you are at least 18 years old and membership age statistics.

WASATCH MOUNTAIN CLUB (WMC)

Applicant Agreement, Acknowledgement of Risk and Release from Liability

VOLUNTARY PARTICIPATION: I acknowledge that my participation in all WMC activities is voluntary. No one is forcing me to participate. I agree to abide by the rules of the WMC.

ASSUMPTION OF RISK: I am aware that WMC activities involve risks, and may result in injury, illness, death, and damage to or loss of property. These dangers include but are not limited to: the hazards of traveling in remote areas without medical services or care, the forces of nature, the inherent dangers involved in participation in sports, wilderness travel, and social activities, and the negligent actions of other persons or agencies. I understand that all activities should be considered exploratory, with the possibility of unexpected conditions and route variations. The WMC is not, nor does it provide, a professional guide service. In order to partake in the enjoyment and excitement of WMC activities, I am willing to accept the risk and uncertainty involved as being an integral part of the activity. I acknowledge this risk, and assume full responsibility for any and all risks of injury, illness, death, or damage to or loss of my property.

PREPARATION: I understand that it is my responsibility to evaluate the difficulties of any WMC activity I participate in, and decide whether I am prepared by having the experience, skill, knowledge, equipment, and the physical and emotional stamina to participate safely.

RELEASE OF LIABILITY AND PROMISE NOT TO SUE: I agree that I, my heirs, personal or legal representatives hereby do release and hold harmless from all liability, and promise not to bring any suit or claim against the WMC, its activity organizers, directors, agents or representatives for any injury, illness, death or damage and loss of property resulting from my participation in any WMC activity even if they negligently caused the injury or damage.

LEGAL FEES: Should it become necessary for the WMC, or someone on their behalf, to incur attorney fees and costs to enforce this agreement, I agree to pay the WMC reasonable costs and fees thereby expended, or for which liability is incurred.

INSURANCE: I understand that the WMC strongly recommends that I maintain insurance sufficient to cover any injury, illness or property damage that I may incur while participating in WMC activities. In the event of injury, illness or death related to any WMC activity, I recognize that I, or my estate, will bear the full cost of my evacuation or recovery, and any related medical care that I may need. I acknowledge that the WMC carries no insurance whatsoever for any participants in WMC activities.

SIGNATURE: My signature below indicates I have read this entire document, understand it completely, understand it affects my legal rights, and agree to be bound by its terms. I certify I am at least 18 years old.

Signature 1 _____ Date: _____

Signature 2 _____ Date: _____

Mail completed application to:

Membership Director
Wasatch Mountain Club
1390 South 1100 East Suite 103
Salt Lake City, UT 84105-2462

Leave blank for office use:

Check # _____ Amount Received _____ Date _____ By _____