

TRAIL MANIACS CLUB

Membership Application/Renewal

NAME:	PHONE #:
	EMAIL:
	DOB:
ADDITIONAL FAMILY MEMBER	PHONE #:
	EMAIL:
	DOB:
CITY:	NEW MEMBER ____
STATE:	RENEWAL ____
ZIP:	_____
	Fees: \$50.00 Individual
	\$30.00 Additional Family Member
	TOTAL _____

ACKNOWLEDGMENT, WAIVER, AND RELEASE FROM LIABILITY PLEASE READ CAREFULLY BEFORE SIGNING BELOW

LIABILITY WAIVER & PHOTO RELEASE: I know that trail running is potentially dangerous. The dangers include but are not limited to falling; colliding with other persons, vehicles, or animals; known or unknown medical conditions; effects of the weather; and conditions of the trails and roads. I alone am responsible for my safety while I participate. I should not participate in trail runs unless I am medically able and properly trained. I have read and understood this waiver, and in consideration of acceptance of my application for this Trail Maniacs, LLC event, I, for myself and anyone entitled to act on my behalf, waive and release Trail Maniacs, LLC, the organizers, sponsors, land owners and land managers, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this run, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to Trail Maniacs, LLC to use photographs or audio/video recordings of me for any legitimate purpose without compensating or further notifying me. I AGREE NOT TO SUE any of the persons or entities mentioned above for any or the claims, losses, or liabilities that I have waived, released or discharged herein. I INDEMNIFY AND HOLD HARMLESS the persons and entities mentioned above from any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions; (ii) the actions or inactions or negligence of others, including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted, and I waive all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness. I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OLD OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

PRINT NAME _____ SIGNATURE _____

DATE _____

Make checks out to "Trail Maniacs"
Send to Trail Maniacs, 1215N. 2nd St. Coeur d Alene, Id. 83814