



TOWN FORT WORTH CHAPTER

MEMBERSHIP FORM



Website: www.TOWNFortWorth.org

EMAIL: FtWorth.TOWN@hotmail.com

T.O.W.N. Fort Worth Chapter - P.O. Box 151851 - Fort Worth, TX 76108

Please complete the following membership form and survey so we can plan programs and activities to meet your needs.

Name _____		Email _____	
Address _____		City _____	State ____ Zip _____
Phone: Cell _____	Home _____	Work _____	
Please include me in the TOWN Fort Worth membership directory ____ Yes ____ No			
I have read, understood and accept conditions set forth in the liability waiver as stated on the next page of this form and on our website. I also agree to abide by the TOWN rules and by-laws as described in Appendix A or on the TOWN website.			
_____ Signature		_____ Date	

Please check your favorite activities to be printed in the membership directory and plan activities to meet your needs.

Archery	Fly fishing	Nature Crafts	Skiing
Backpacking	Geocaching	Orienteering	Survival Skills
Bicycle Touring	Hiking	Outdoor Cooking	Walking
Bird Watching	Horseback Riding	Photography	Wild. First Aid
Camping	Kayaking	Plant ID	Other:
Canoeing	Knot Tying	Rappelling	Other:
Climbing	Mountain Biking	Rowing	Other:
Conservation	Mountaineering	Sailing	Other:
Fishing	Natural History	Scuba Diving	Other:

Are you CPR or EMT Certified? ____CPR ____EMT

Occupation _____

Special Skills/Services _____

Would you be willing to share your expertise with the group on any of the above activities? ____ Yes ____ No

I could teach the following _____

I know someone who could teach _____

Would you be willing to serve on a committee?(interest) _____

Would you interested in being a trip/outing/day trip leader? (interest) _____

I heard about TOWN Fort Worth from: ____Friend/Co-Worker ____Internet Search ____BOW Workshop

____TOWN Fort Worth Brochure ____Website

____Have you attended a BOW Workshop in the past?

ANNUAL MEMBERSHIP FEE (Updated January 2013)

\$20 Per Year

Please make checks payable to: TOWN – FORT WORTH CHAPTER

Mail completed membership forms to:

T.O.W.N. Fort Worth Chapter

P.O. Box 151851

Fort Worth, TX 76108

FOR TOWN USE ONLY:

Check Number _____ Date Received _____ Entered into TOWN Database _____

T.O.W.N. – Waiver of Liability

IN CONSIDERATION of being given the opportunity to participate in Texas Outdoor Woman’s Network – Fort Worth Chapter ("T.O.W.N.-FT WORTH") outings and/or activities, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of certain activities, both on the water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such activities.
2. FULLY UNDERSTAND that:
 - (a) OUTDOOR ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("risks");
 - (b) these risks may be caused by my own actions, or inactions, the actions of others participating in T.O.W.N.-FT WORTH outings, the condition in which these outings take place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the outings organized by TOWN-FT WORTH.
3. AGREE AND WARRANT that I will read or listen to the description of any activities in which I plan to participate. If any activity involves the use of equipment, whether my own or those provided by instructors, I will examine and inspect all equipment involved in any activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the outing leader or instructor in charge of the activity and will refuse to take part in the activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue T.O.W.N.-FT WORTH, its directors, agents, officers, board members, volunteers and employees, and all other participants, organizers, sponsors, advertisers, and, if applicable, owners and lessors of premises on which any activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost which may incur as a the result of such a claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any induction or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.

Printed Name of Participant _____

Street _____

City, State and Zip _____

Date _____

Phone _____

PARTICIPANT’S SIGNATURE _____