



## Membership Application

Annual dues are \$30.00 for a single member or \$40.00 for a family. We also have a three-year membership option: \$85 for an individual and \$110 for a family. Mail your check and this application to (the club does not accept credit cards except online via PayPal):

Las Vegas Mountaineers Club  
P.O. Box 36026  
Las Vegas, NV 89133-6026

Name:

Address:

City/State/Zip:

Phone Number:

Cell/Alternate Phone Number:

E-mail: \_\_\_\_\_ (Please print very legibly or we cannot contact you)

Age (optional): \_\_\_\_\_

Family Memberships (Please list names to be included in membership):  
\_\_\_\_\_  
\_\_\_\_\_

May we list your telephone number on our members-only LVMC telephone and e-mail list (password-protected at lvmc.org)?

Yes \_\_\_\_ No \_\_\_\_

Days Available (Circle all that apply): Mon Tue Wed Thu Fri Sat Sun

Indicate your interest and experience level:

Hiking \_\_\_\_\_

Backpacking \_\_\_\_\_

Mountaineering \_\_\_\_\_

Climbing \_\_\_\_\_

Caving \_\_\_\_\_

Please list interests other than those listed above that you would like to see offered as club activities:  
\_\_\_\_\_  
\_\_\_\_\_

***PLEASE READ AND SIGN THE ATTACHED PAGES. DO NOT FORGET YOUR EMERGENCY CONTACTS. THANK YOU.***

## LAS VEGAS MOUNTAINEERS CLUB

### RELEASE OF ALL CLAIMS AND AGREEMENT TO INDEMNIFY

The primary goal of the Las Vegas Mountaineers Club ("LVMC") is to offer a positive outdoor experience. Although LVMC has taken precautions to provide the organization, supervision, instruction and some equipment for each trip, I understand that regardless of the precautions taken by LVMC, the trips sponsored by LVMC involve certain risks, therefore some loss may occur.

"LVMC" is defined to include, but is not limited to: its outing coordinators, board members, general members, agents and contractors, whether any of the aforementioned are paid or volunteer.

"I" is defined to include, but is not limited to: "Me," "I," "undersigned," "participant," "releasee," my heirs, assignees, personal representatives or executors.

"Loss" is defined to include, but is not limited to: bodily injury, personal injury, psychological injury, property damage (including loss of use) or death.

"Trip" is defined to include, but is not limited to: rock climbing, backpacking, day hiking, mountaineering, snowshoeing, rappelling, back or cross-country skiing, training outings, community service outings and any other activity sponsored by LVMC, including transportation to and from said trip whether by LVMC motor vehicle, airplane, foot, bus or any other form of transportation.

I hereby expressly release LVMC from any liability related to any motor vehicle accident to or from any LVMC trip.

Should an accident or emergency occur during a trip, I hereby give permission to the physician or any other treatment provider, including but not limited to: LVMC, rangers, volunteer rescue personnel, firefighters, paramedics or nurses, selected by LVMC, to secure medical treatment for me or to hospitalize me. I hereby agree that LVMC is not responsible for any medical bills incurred by me for any treatment rendered or any loss to me for treatment rendered.

I am aware that any trip sponsored by LVMC is **inherently dangerous and includes open and obvious risks, including but not limited to risk of serious bodily injury or death.** I am voluntarily participating in this activity and/or instruction of this activity with knowledge of the dangers involved. I hereby agree to accept full responsibility for the risks and dangers involved. In consideration of being allowed to participate in the LVMC activities:

1. I agree that I will not sue or otherwise make a claim against LVMC for any loss from participation in any LVMC activity.
2. I agree that LVMC will not be legally responsible for any loss to me.
3. I hereby release LVMC for any loss to me by any **negligence** committed by LVMC.
4. I agree that there is an open and obvious danger in using any equipment furnished by LVMC. I understand that LVMC will not be liable for any loss, resulting from the use of said equipment. LVMC makes no warranties, either express or implied, regarding the fitness of the equipment loaned or rented (whether I paid a fee for using the equipment or not).
5. I hereby agree to **RELEASE ANY AND ALL CLAIMS I MAY HAVE AGAINST LVMC AND AGREE TO INDEMNIFY LVMC FOR ANY CLAIMS MADE AGAINST LVMC FOR ANY LOSSES I MAY HAVE SUSTAINED.**

The undersigned does hereby fully release, acquit and forever discharge LVMC and all associated or related companies, subsidiaries and parent corporations, including all owners, employees, agents and representatives of and from all known and unknown claims, actions, causes of action and suits for damages, at law and in equity, filed or otherwise, including loss of compensation, profits, interest and use, services, society, contribution and support, which they have or may hereafter acquire, by reason of any loss or damage to any property right or rights, injuries to a person or any person or persons, and the death of any person or persons, as a result of any LVMC trip.

IT IS ALSO UNDERSTOOD and AGREED that this Release extends and applies to and also covers and includes all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist.

**LAS VEGAS MOUNTAINEERS CLUB**

This Release is the entire, complete, sole and only understanding and agreement of, by and between the undersigned and LVMC pertaining to the subject matter expressed herein, and there are no independent, collateral, different, additional or other understandings or agreements, oral or written, or obligations to be performed or things to be done.

LVMC shall be held harmless of and from and indemnified for and against all loss, damage, costs and expenses, including attorney fees, and all other sums which said LVMC may hereafter incur, pay, be required or become obligated to pay on account of and every further, additional or other demand, claim or suit by or on behalf of any undersigned or any other person, firm or corporation for any loss of or damage to any property or property right, injuries to or the death of any person as provided in this Release, or for any contest or attempt to modify, change, reform, break, set aside, nullify, cancel or negate this Release or any part or provision of said Release for any reason whatsoever. Nevada law governs this Release.

**BY SIGNING THIS RELEASE EACH UNDERSIGNED DOES THEREBY ACKNOWLEDGE AND WARRANT:**

This Release was first carefully read in its entirety by the undersigned and was and is understood and discharges of all claims, actions, and causes of action and suits, as above stated; said Release was signed and executed voluntarily and without reliance upon any statement or representation of or by LVMC, or any representative, agent of same.

Said Release contains the entire agreement of and between all of the parties mentioned herein, and all of the terms and provisions of said Release are contractual and not a mere recital; each undersigned is of legal age and capacity and competent to sign and execute said Release and accepts full responsibility therefore. Signature of parent or guardian required for all participants under the age of 18.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date Signed (mm/dd/yyyy)**

\_\_\_\_\_  
**Printed Name of Participant**

I, the parent/legal guardian of the above minor Participant, have read this Release in its entirety. I hereby consent to the terms of this Release on behalf of the minor Participant, and give my consent to the participation of the minor Participant in all activities of LVMC subject to the terms of this release.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**Emergency Contact Information**

Please provide two people LVMC could contact to make decisions about your health and well-being.

1) \_\_\_\_\_  
Emergency Contact Name

2) \_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Address, City, State, Zip Code