



HALIBURTON HIGHLANDS TREKKERS

Membership Application

Membership covers the calendar year and the annual fee is \$10 per person. All members must sign this waiver.

Cheques (only) should be made out to "Haliburton County Community Co-operative (Trekks)", and **sent by mail with this form** C/O Marilyn Whittaker, 10 William James Ct., Haliburton KOM 1S0. Trekker communications will be by e-mail.

Applicant Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

E-mail Address: _____

Emergency Contact: _____ Telephone: _____

- I understand that membership in the Haliburton Highlands Trekkers provides an opportunity to participate in activities which may involve danger and risk that could result in personal injury or death. I acknowledge this danger and risk whether specified or not, and accept personal responsibility for my own safety as well as any and all consequences resulting from participating in Club activities.
- I understand that each participant in an outing is responsible for their own health, safety and equipment. He or she must assess the suitability of their own clothing, equipment, experience, physical condition, and ability to participate in any particular outing. All participants should be capable of maintaining a brisk hiking/snowshoeing pace for approximately two hours. You are encouraged to consult with the outing leader or any member of the Trekkers Committee if you are unsure about any aspect of the planned outing.
- I further agree to hold harmless the Haliburton Highlands Trekkers, the Haliburton County Community Co-operative, its members, its Management Committee and any land owners on whose property I have entered, for any outcome or liability that may result from my participation in Club activities.
- **I agree to make my contact information available to other members of the Club (only).**
(circle one) YES NO
- **I wish to receive information on related activities through the Club e-mail distribution system.**
(circle one) YES NO

I have read, understand, and accept the terms of the membership and waiver as noted above.

Signature _____ Date _____

Revised Oct. 4, 2017