



Membership Application Form

**Mail to: Alaska Alpine Club
 UAF Wood Center
 P.O. Box 756640
 Fairbanks, AK 99705**

AAC Membership/Renewal	Student	\$10
	Individual	\$15
	Family	\$20
	Total Paid	[]

Today's Date _____

Name _____ Phone (days) _____ (eve) _____

Address _____ (cell) _____

City _____ State _____ Zip _____

E-Mail Address _____ Age _____

UAF Status (Check all that apply)

	You	Spouse	Family Member (if applicable)
Student	[]	[]	_____
Faculty	[]	[]	_____
Staff	[]	[]	_____
Alumni (graduate)	[]	[]	_____
No UAF Affiliation	[]	[]	_____

Please give a **description of your experience** applicable to the class (winter camping, skiing, glacier travel, climbing, etc.)

List any **medical or physical conditions** which could affect your safety in the mountains.

You must have **health insurance** in order to participate.

Insurance Company _____

Group Number _____

What **first aid, EMT, WFR, or medical experience** do you have?

ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY

PRINT NAME _____

Alaska Alpine Club Membership

In consideration of the services of the University of Alaska, its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (collectively referred to as "UA"), I have read, understand, and agree to this Acknowledgment of Risk and Release of Liability agreement.

I acknowledge that Alaska Alpine Club (AAC) activities have risks, including certain risks which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that UA thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks.

I am aware that AAC activities include risks of injury or death to myself. These risks, include, among others, avalanches, crevasses, falls, rock/ice fall, health risks, collisions with vehicles, obstacles, terrain, participants, or others, inadequate or erroneous information about risks, faulty warnings or improper directions from University personnel. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the risks.

I agree that this Acknowledgment of Risks and Release of Liability are governed by the laws of the State of Alaska. Further, any suit or administrative proceeding arising out of or relating to my enrollment or participation in AAC activities or any other dispute with UA must be filed or entered into only in the State of Alaska.

I acknowledge and assume all risks of the event, known and unknown, inherent or otherwise. In addition, I release, discharge, and agree to defend and indemnify the UA, its agents, employees, trustees, officers, contractors, volunteers, and all other persons or entities associated with it (collectively referred to as "UA") from all claims and liability for any loss or damage in any way connected with my enrollment or participation in AAC activities. This release includes loss or damage claimed to be caused by the negligence of UA. I understand that in signing this document I surrender my right to make a claim or file a lawsuit against UA for personal injury or property damage, wrongful death, or otherwise, except in cases of intentional injury or the recklessness of UA.

I and my parent(s) or guardian, if I am a minor, have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

SIGNATURE: _____ DATE: _____
(PARTICIPANT)

The parent(s) or guardian must sign below if the participant is under 18 years of age. In consideration of UA's allowing the participant to participate in AAC activities, the undersigned parent(s) or guardian agree on their own behalf to release UA from any claim the parent(s) or guardian may have because of injury or loss suffered by the participant, including injury or loss claimed to be caused by the negligence of UA. In addition, the parent(s) or guardian agree on their own behalf to protect and indemnify UA from any claim and related expenses and fees, brought at any time by the participant or by anyone on the participant's behalf, or by any member of the participant's family, or by another event participant, arising out of the participant's enrollment or participation in the activity. This indemnity includes claims of UA's negligence, but not its intentional wrongs or recklessness.

SIGNATURE: _____ DATE: _____
(PARENT OR GUARDIAN)

SIGNATURE: _____ DATE _____
(PARENT)