

Oregon Treasure Trail Society (OTTS Club) – Membership Application

Year : _____ Please consider my application for membership/renewal. I have included the proper dues as shown below.

Name(s) : _____ [] New [] Renewal

Address : _____ Phone : _____

City : _____ State : _____ Zip : _____

E-Mail : _____ DOB : _____

Day and times available to detect with other members (if interested)

Signature of Applicant(s) : _____

Membership Dues must accompany application when submitted:

Dues Schedule – The Oregon Treasure Trail Society offers three membership categories:

Individual Senior (18 years of age and older) : \$30.00 _____

Individual Junior (17 years of age and younger) : \$20.00 _____

Couples : \$50.00 _____

Newsletter via snail mail : \$12.00 _____

Total : =====

Date : _____ Amount Enclosed : \$ _____ [] Check #: _____ [] Cash

To join the club, please bring the completed membership application and dues to a club meeting or send to (please do NOT send cash through the mail, use a check or money order.)

Oregon Treasure Trail Society
c/o OTTS Treasurer
PO Box 42545
Portland, OR 97242-0545

Treasurer's Initials _____

[] I wish to receive the monthly news letter by US Mail. Please include \$12 to cover the cost of newsletter copying and postage.

Please complete the other side

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RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK

In consideration of being allowed to participate in club activities sponsored by **the Oregon Treasure Trail Society (OTTS CLUB)**, I hereby understand and agree to this release of liability, waiver of legal rights, and assumption of risk and to the terms hereof as follows:

1. I acknowledge that **metal detecting and club sponsored activities** is a recreational activity and such activity is subject to mishap and even injury to participants is possible. I further understand and acknowledge that the **OTTS Club** activities may have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN **Oregon Treasure Trail Society club hunts and parties, ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.**

Initial here _____

2. I take full responsibility for, RELEASE AND HOLD HARMLESS **the Oregon Treasure Trail Society**, their owners, officers, elected officials, agents and members from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in **any and all club** activities, included, but not limited to, losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

Initial here _____

3. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Released parties for damages or other losses sustained as a result of any injury, or death, sustained from my participation in **OTTS Club** activities. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments and costs including attorney's fees, incurred in connection with any action brought as a result of participation in **OTTS Club** activities by any of the undersigned.

Initial here _____

4. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk is a contract pursuant to which I have released any and all claims against the Released Parties resulting from any injury, or death, sustained from participation in **OTTS Club** activities including any claims for negligence of the Released Parties.

Initial here _____

5. I further represent that I am at least 18 years of age, I waive and release any and all legal rights that may accrue to me as the result of any injury I may suffer while engaging **in any club sponsored** activities.

Initial here _____

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

On this the day, _____ of _____ 20 _____

Signature of Adult Participant: _____

Name of Adult Participant: _____

(Please Print)

Relationship to Child

Name of Child Released by Adult Signature: _____