



## MEMBERSHIP APPLICATION

**NWRA Memberships renew in March each year.**

If you are already a member of the North West Rafters Association and just need to renew your dues, use this form also. All memberships include family

We respect your privacy and do not share this information with anyone, unless you give us permission to share your email address with our sponsors.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

#1 Email: \_\_\_\_\_ #2 Email: \_\_\_\_\_

Second Family Member Name: \_\_\_\_\_

Share my email address with our sponsors: - YES \_\_\_\_\_ NO \_\_\_\_\_

**New Member:** \_\_\_\_\_ \$24.00 One Year \_\_\_\_\_ \$48.00 Two Years

**Membership Renewal:** \_\_\_\_\_ \$24.00 One Year \_\_\_\_\_ \$48.00 Two Years

Please sign the wavier form on the reverse side of this application.

Make your check payable to: North West Rafters Association

Mail to: Francesca Guyer North West Rafters Association  
508 W. Maple St.  
Roseburg, OR 97471

Thank you so much for your membership application or renewal

# NWRA Waiver & Release of Liability Form

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of Northwest Rafters Association (NWRA) allowing me to participate in whitewater or other rafting and club activities I agree as follows:

I fully understand and acknowledge that: (A) outdoor recreational activities have inherent risks, dangers and hazards and such exists in my use of rafting or other boating equipment and my participation in the above mentioned activities; (B) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fracture, partial and/or total paralysis, death or other ailments that could cause serious disability; (C) these risks and dangers may be caused by the negligence of the officers or volunteers of NWRA, the negligence of the participants, the negligence of others, accidents, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, trip leader decision making, including that a trip leader may misjudge terrain, weather, or river route location and water level, risks of falling out of or drowning while in a raft, canoe or kayak, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (D) by my participation in these activities, **I hereby assume all risks and dangers and all responsibility for any losses and/or damages**, whether caused in whole or in part by the negligence or other conduct of the officers or volunteers of NWRA or by any other person. In addition, I hereby grant permission to NWRA to make and use for promotion or other purposes, photographic records without recourse or compensation to me.

I, on behalf of myself, my personal representatives and my heirs or as parent or legal guardian of the undersigned participant hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify NWRA, its officers and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which arise from my participation in WHITEWATER RAFTING or other club activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the officers and volunteers of NWRA.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE NWRA FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

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SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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PRINTED NAME \_\_\_\_\_

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ADDRESS OF \_\_\_\_\_ STATE \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

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SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS LESS THAN 18 YEARS OLD)