



**LOUISIANA HIKING ASSOCIATION**  
**Membership Application and Acknowledgement and Waiver**



New application: \_\_\_\_ Renewal application: \_\_\_\_ Are there changes in your information? \_\_\_\_

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

Date of Birth: \_\_\_\_\_ (Optional) Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Annual family\* dues are **\$10.00** payable March 1<sup>st</sup> to the: **Louisiana Hiking Association**

\*Family living under the same roof

Your check # _____ or cash? _____ Paid: \$ _____ No. of years+: _____ <small>*No refunds. New member dues paid 1-1 to 2-29 cover the following year</small>
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Mail to: John (JB) Broussard  
 715 Drehr Ave.  
 Baton Rouge 70806  
 run\_ varsity@yahoo.com

**Please read and sign the waiver below:**

In consideration of being allowed participating in any way in the Louisiana Hiking Association activity program, and any related events, trips, hikes or activities, the undersigned:

- Understand that hiking and backpacking are very strenuous physical activities and that the undersigned is in good physical health and condition to participate in the activity they have chosen without illness and has no adverse physical condition that would impair them on that activity.
- Agree that prior to participating, the each will inspect the facilities and equipment to be used and if they believe anything is unsafe, they will immediately take action to alleviate such unsafe condition and refuse to participate in the activity.
- Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but also the actions, inactions or negligence of others, the rules of play, or the condition of the premises or environment, or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- Release, waive, discharge and covenant not to sue the Louisiana Hiking Association, its officers, administrators, directors, agents, coordinators, or other volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers and owners and leases of premise used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, cause or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- Agree that the clauses of this Acknowledgement are severable and not joint. Should any clause of the Acknowledgement be found null in a court of law, that provision will be considered severed from the Acknowledgement and the remainder of the Acknowledgement shall be considered valid and binding.
- This release pertains to the undersigned's voluntary participation in a Louisiana Hiking Association event, hike or backpacking trip.

To: Louisiana Hiking Association

**Today's date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

All potential participants must sign. Parent or guardian must sign for participants under 18.

SIGNATURE	PRINT NAME
_____	_____
_____	_____