

Wilderness Network of the Carolinas Membership Application

Name (please print) _____

Mailing Address _____ (street)

City _____ State _____ Zip _____

Telephone Number Area Code (_____) _____

E-mail Address _____

Would you like to be included in the Membership Directory? Yes _____ No _____

Liability Waiver and Illicit Drug Agreement

Recognizing the inherent danger involved in athletic outdoor wilderness sports, including but not limited to falling, hypothermia, snake bites, insect bites, lightning, equipment failure and leadership misjudgment, I hereby state that I assume all risks and waive any claims of liability against the Wilderness Network of the Carolinas, trip leaders, and coordinators for myself and my property. I am 18 years of age or older and am physically fit enough for strenuous activity.

I hereby state that I will not bring any illegal drug to any Wilderness Network of the Carolinas event and will assume responsibility for compliance for any guest whom I might invite to the event.

Signature _____ Date _____

Mail a ten-dollar (\$10.00) check made payable to Wilderness Network of the Carolinas to the address below for one year's membership.

Tom Clarke, WNC Treasurer
2706 Stratford Drive
Greensboro, NC 27408