

OGLEBAY INSTITUTE
RIVERS TO RIDGES
Application and Liability Waiver

____/____/____
Date of Application

Annual Dues: Individual \$15 Oglebay Institute member \$10 (membership # _____)

Complete and submit this form to either the Rivers and Ridges Treasurer or mail to Oglebay Institute, Attn: Rivers to Ridges (SEEC), 1330 National Road, Wheeling, WV 26003. Checks payable to "Oglebay Institute". If you have any questions, please call 242-6855 or email schradercustomerservice@oionline.com. Note: Must be at least 18 years old.

NAME: _____			
ADDRESS: _____			
Street	City	State	Zip
EMAIL ADDRESS: _____			
Home Telephone: _____	Male _____ Female _____	Birth date _____	
Alternate Telephone: _____	Occupation: _____		
Notify in an Emergency: Name _____ phone _____ Relationship _____			

What experience do you have in outdoor activities? *(use back if needed)*

Why do you wish to become a Rivers to Ridges member? *(use back if needed)*

Which fields of adventure do you wish to pursue? (check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Backpacking & Hiking | <input type="checkbox"/> Cross-Country Skiing | <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Sea Kayaking |
| <input type="checkbox"/> Bike touring | <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Rafting | <input type="checkbox"/> White-Water Paddling |
| <input type="checkbox"/> Flat Water Paddling | <input type="checkbox"/> Ice Climbing | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Caving | <input type="checkbox"/> In line Skating | <input type="checkbox"/> Rowing | |
| <input type="checkbox"/> Historical Tours | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Scuba Diving | |

Please read the following assumption of risk and liability waiver very carefully.
By signing this application you are agreeing to all provisions, implied or otherwise, of the waiver.

IN CONSIDERATION of being permitted to join RIVERS TO RIDGES and participate in its activities, I _____, for myself, my personal representatives, heirs and next of kin hereby acknowledge, agree, and represent that I fully understand that most RIVERS TO RIDGES activities are very dangerous and that the dangers inherent in such activities, including but not limited to, white water, rock fall, avalanches, crevasses, exposure to severe weather, drowning, equipment failure and the misuse of equipment by myself and others, could result in my suffering serious bodily injury and/or death and I HEREBY:

1. RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Oglebay Institute, the instructors and/or participants in any teaching activities, and/or any of the individual officers, employees, or agents (hereinafter collectively referred to as "releasees") from all liability to me, my personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands therefore on account of injury to my person or property or resulting in my death whether caused by the negligence of the releasees or otherwise while participating in any activities conducted by Rivers to Ridges and/or any of its individual members.
2. AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to my participating in any way in any activities conducted by Rivers to Ridges and/or any of its individual members whether caused by the negligence of the releasees or otherwise.
3. ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while participating in any way in any activity conducted by Rivers to Ridges and/or any of its individual members.

I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of West Virginia and if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I grant permission for photos of myself to be used in publications produced by Oglebay Institute and Rivers and Ridges.

I HEREBY WARRANT THAT I HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature _____

Date _____

Received by: _____

Date _____