



REGISTRATION FORM

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Are you on Facebook? Y N Do you use Twitter? Y N

How did you hear about the Hundred Mile Club? _____

Should we let any of your friends, colleagues or family members know about the Club so they can join, too? If so, please provide contact information below:

PLEASE SIGN AND DATE THE ACCEPTANCE OF RISK FORM ON THE BACK OF THIS SHEET AND RETURN TO:

Shenandoah National Park Trust
414 E. Market Street, Suite D
Charlottesville, VA 22902

Or fax it to us at (434) 293-5833

(OVER)

**SHENANDOAH NATIONAL PARK TRUST
HUNDRED MILE CLUB**

CLUB MEMBER ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I acknowledge that membership and participation in the Shenandoah National Park Trust's (Trust's) Hundred Mile Club (Club) involves the potential for inherent risks. These inherent risks include, without limitation, personal injury, illness, trauma, and even death, as well as damage to property and equipment. I further acknowledge that the Trust believes it is important that I know in advance of the inherent risks of Club membership and participation and of the availability of the Trust's staff to explain these risks to me.

In consideration of the rights of Club membership, I agree to assume and accept full responsibility for the inherent risks of Club membership and participation on behalf of myself and my non-Club member guests, including family, friends, and pets, whom I may invite to participate with me in Club activities. My membership in the Club and participation in Club activities is purely voluntary, and I elect to participate in spite of and with full knowledge of the inherent risks.

Knowing of the inherent risks of Club membership and participation, I certify that I am fully capable, mentally and physically, of participating in the Club.

I have read, clearly understand, and accept the terms and conditions stated in this agreement (Agreement) herein and acknowledge that the Agreement is effective and binding upon me, my heirs, executors, administrators, and assigns.

Signature

Date

Signature of parent or guardian, if participant is under 18 years of age

Signature

Date

PHOTOGRAPHY RELEASE

I recognize that various photographs, video recordings, and other media may be taken during the time I am a participant in the Club. I agree to grant Shenandoah National Park Trust full permission to use any photographs, video recordings, or other media that contain my likeness for the purpose of promoting Shenandoah National Park Trust or the Club, or for any purpose deemed appropriate by the organization. CHECK ONE BOX BELOW:

- I agree I do not agree (you can still participate in the Club)

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