

APPLICATION FOR REINSTATEMENT

I, the undersigned, being over 18 years of age, hereby make application to reinstate membership in The Cleveland Hiking Club. I agree to abide by the Constitution and Rules of the Club.

Applicant Name:					MI:	Gender:	Nickname (Opt) :	
Address:				Approx year joined CHC:				
					Approx year membership lapsed:			
Requested Reinstatement Date: First Sunday after receipt of forms and fees Other date (please specifiy):								
Seasonal ad	ddress (2): Yes No		It might be necessary to communicate with members via US Mail on rare occasions. Seasonal address					
Usual date t	from: (mo/day)			avoid sending mail to our members while they are away from their primary ing the extra costs of return postage when mail cannot be delivered as				
Usual date t	thru: (mo/day)		addressed.	,				
Primary Phone: □ Cell □ Home □ Work			Alternate Phone: □ Cell □ Home □ Work					
Email (please print clearly, Required for access to member-only pages on club website.):					Birthday (mo/d	ay)	_/	
					Occupation:			
Schedules and Newsteps can be accessed on the website at any time (must log in as a member to access Newsteps).								
Effective January 1, 2024, the club no longer mails schedules and Newsteps to members. I would like to be eligible for a 10% discount at Appalachian Outfitters at 60 Kendall Park Rd, Peninsula, OH info@appalachianoutfitters.com (Restrictions apply)								
Signature			Date					
who reside		and, OH	may apply for Associa				for Active membership. Individuals Members are entitled to all privilege	
Reside within 75 miles of Cleveland (Active) Reside more than 75						Cleveland	(Associate)	
	Active: Individual	\$56.00		_ '''	sociate: Individua		\$51.00	
	Active: Joint Members	\$97.00		_	sociate: Joint Me		\$87.00	
	Active: Additional Joint	\$41.00	_	_ As	sociate: Additiona	al Joint	\$36.00	

Amounts above include \$20.00 per person reinstatement fees and current year calendar dues.

Please Note: All memberships are reinstated on the first Sunday following receipt of completed forms and fees or on a later date if specified. Memberships renew every January. Mileage accumulated prior to membership lapse will be credited after verification.

Dues, Reinstatement Fee(s) and Liability Release(s) must accompany this application. Make check payable to The Cleveland Hiking Club and mail to Veronica (Roni) Pavia, CHC Membership Committee, 927 Arboretum Cir., Sagamore Hills, OH 44067. Questions? 330-468-3706, chcmemberchair@gmail.com



LIABILITY RELEASE AND ASSUMPTION OF RISK

l,	, residing at	
	T NAME	STREET ADDRESS
situated in the City of	, County o	of
State of	, acknowledge that there is an inl	nerent risk of serious injury with not only hiking but
also various recreational, social, voluntee	er, and other activities of the Cleve	eland Hiking Club, Inc. I knowingly assume the
risk of these injuries. This includes bodily	injuries, accidents, illness, death	, loss of property, and economic losses.
I also agree to release, discharge and/or	otherwise indemnify and hold har	rmless the Cleveland Hiking Club, Inc., its officers,
committee chairpersons, hike leaders, m	ajor excursion leaders, members,	and any affiliated organizations or sponsors, their
employees and associated personnel fro	m any and all claims by me or on	my behalf for any injury resulting from my
participation in or volunteering for any ev	ent or activity sponsored by or oth	nerwise connected with the Cleveland Hiking Club,
Inc. These volunteer activities may include	de aiding and using hand tools or	power equipment in building, maintaining, and
improving trails or facilities at Camp Onw	rego.	
This liability release and agreement to as	ssume the risk of injuries covers a	Il Cleveland Hiking Club, Inc. meetings, volunteer
work, activities, and events, including bu	not limited to those listed in the S	Schedule of Activities and NEWSTEPS or any
Cleveland Hiking Club, Inc. publication.		
DATE		SIGNATURE