

APPLICATION FOR MEMBERSHIP REINSTATEMENT

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

Applicant Name (first, middle initial, last):		Gender:	Preferred Name (Opt) :	
Address: Apt #				
City, State Zip				
Primary Phone: Cell Home Work		Alternate Phone: Cell Home Work		
Email (please print clearly, unique address required for access to member-only pages on club website.):		Birthday: Month Day		
		Occupation:		
mergency Contact Info (name, relationship, telephone):		For mailing purposes, if you have a seasonal address, please indicate the usual dates that you are away from your local address:		
Requested Reinstatement Date:] Other date (please	specifiy):		
Approximate year joined CHC:	Approximate	year membership lap	osed:	
Schedules and our newsletter, <u>Newsteps</u> , are posted on the w	vebsite: schedules	on the public page	es and Newsteps on the Member-only pages.	
I would like to be eligible for a 10% discount at Appalachia	n Outfitters at 60	Kendall Park Rd, P	eninsula, OH info@appalachianoutfitters.com	
Signature	ture Date			
Please indicate Membership Level and Start Date: (Individuals who reside more than 75 miles from	-			

membership. Individuals who reside more than 75 miles from Cleveland, OH may apply for Associate or Active membership. Associate Mare entitled to all privileges of the Club but are not eligible to vote or to hold office.)

Reside within 75 miles of Cleveland (Active)		Reside mol	Reside more than 75 miles from Cleveland (Associate)		
	Active: Individual	\$56.00		Associate: Individual	\$51.00
	Active: Joint Members	\$97.00		Associate: Joint Members	\$87.00
	Active: Additional Joint	\$41.00		Associate: Additional 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? 304-238-4032, chcmemberchair@gmail.com

Info-Reinstatement-App 2024-05.Docx



LIABILITY RELEASE AND ASSUMPTION OF RISK

l,		_, residing at,
(PLEASE PRINT) FIRST NAME	MI LAST NAME	STREET ADDRESS
situated in the City of		, County of
State of	, ackn	owledge that there is an inherent risk of serious injury with not only hiking but
also various recreational, soci	al, volunteer, and	other activities of the Cleveland Hiking Club, Inc. I knowingly assume the
risk of these injuries. This inclu	udes bodily injurie	es, accidents, illness, death, loss of property, and economic losses.
I also agree to release, discha	rge and/or otherv	vise indemnify and hold harmless the Cleveland Hiking Club, Inc., its officers,
committee chairpersons, hike	leaders, major ex	cursion leaders, members, and any affiliated organizations or sponsors, their
employees and associated pe	rsonnel from any	and all claims by me or on my behalf for any injury resulting from my
participation in or volunteering	for any event or	activity sponsored by or otherwise connected with the Cleveland Hiking Club,
Inc. These volunteer activities	may include aidii	ng and using hand tools or power equipment in building, maintaining, and
improving trails or facilities at	Camp Onwego.	

This liability release and agreement to assume the risk of injuries covers all Cleveland Hiking Club, Inc. meetings, volunteer work, activities, and events, including but not limited to those listed in the Schedule of Activities and NEWSTEPS or any Cleveland Hiking Club, Inc. publication.

DATE

SIGNATURE