

Fort Kent Outdoor Center
P.O. Box 541
Fort Kent, ME 04743



Info@fortkentoc.org
www.fortkentoc.org

2017 - 2018 Annual Memberships

| |
|-------------------|
| Name: |
| Address: |
| City, State, Zip: |
| Phone: |
| Email Address: |

| | |
|-----------------|-------|
| For Office Use | |
| Only US Cash: | _____ |
| Canadian Funds: | _____ |
| Check # | _____ |
| Paypal Date: | _____ |
| Amount : | _____ |
| Deposit Date: | _____ |

For family memberships, enter the immediate family members living in your household eligible to receive cards.

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

FULL MEMBERSHIP

Nov 1, 2017 - Oct 31, 2018

- Adult, **19 and over** (\$60.00) Family (\$150.00)
- Youth, **under 19** (\$30.00) UMFK Student with **Current ID (\$30)**

Which activities do you enjoy?

- Walk/Run/Jog/Hike Ski Snowshoe
- Roller Ski/Blade Bike Biathlon

Would you like to make an additional donation to support the Fort Kent Outdoor Center?

Donation Amount: _____

Display donor name as _____ or Anonymous

Apply donation to: Trail Improvement Fund

Unrestricted Use Membership Assistance Fund

Membership Amount: _____ Total Amount Due: _____

Please make checks payable to the **Fort Kent Outdoor Center**

I recognize that recreational activities can be hazardous, and I will not hold the Fort Kent Outdoor Center, its officers, members, or affiliates responsible when taking part in club functions or while using club facilities. I also recognize that my signature covers all members listed on this form.

Signed: _____ Date: _____



Membership

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the sports of skiing, snowshoeing, sledding, trail walking/running, hiking, biking, roller-skiing and skijoring (collectively, “Recreational Outdoor Sports”) involve inherent and other risks of **PERSONAL INJURY (INCLUDING DISABILITY OR DEATH)** and/or **PROPERTY DAMAGE**. I VOLUNTARILY AND EXPRESSLY ASSUME ALL RISKS OF **PERSONAL INJURY (INCLUDING DISABILITY OR DEATH)** and/or **PROPERTY DAMAGE** that may result from any Recreational Outdoor Sports at any of the properties where the Trails are located (the “Properties”).

I hereby **RELEASE** and agree to **DEFEND, INDEMNIFY AND HOLD HARMLESS** the **Fort Kent Outdoor Center** and each and every entity that owns the Property, each and every entity that owns and/or operates any of the Trails, all of the respective employees, owners, affiliates, agents, trustees, officers, and directors of each of the foregoing entities, and all of their respective successors in interest (collectively, the “Releasees”), from all liabilities and all claims for, or arising out of, any **PERSONAL INJURY (INCLUDING DISABILITY OR DEATH) AND/OR PROPERTY DAMAGE**, which result, directly or indirectly, from my participation in any Recreational Outdoor Sports at any of the Properties or which are related in any way to my use of the Trails, regardless of cause, including, without limitation, all liabilities and claims which arise out of, or which are alleged to arise out of, the **NEGLIGENCE** on the part of any of the Releasees, and also from all damages and legal fees that may be incurred by any of the Releasees.

This agreement is governed by the laws of the State of Maine and does not limit any other liability protection afforded to any Releasees under the laws of the State of Maine. Any claim or action shall be submitted only to the jurisdiction of the State or Federal courts within the State of Maine. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I have carefully read and I understand and agree to the terms of this Waiver, Release and Indemnification Agreement. I understand that this is a legally binding contract and that each and every person constituting one of the Releasees is expressly intended to be and is hereby made a third-party beneficiary of this agreement.

Signature of Pass Holder(s): _____

Parent or Guardian’s signature covers family members under 18 years old.

Date: _____