



Membership & Waiver Form

Boomerang Adventures does not distribute demographic or contact information

___ Mr. ___ Mrs. ___ Miss ___ Ms. ___ Dr. ___ Other ___ Male ___ Female Birthday Month ___/Day ___

First (Legal Name) Middle Last Nickname

Home Address City State Zip

Primary Email Phone ___ Home ___ Mobile ___ Work

Company Name

EMERGENCY CONTACT INFORMATION (please provide two contacts)		
Name	Relationship	Phone
Name	Relationship	Phone

What specific areas of outdoor activities do you enjoy most (on a scale of 1= low, 3=highest)?

- | | | |
|--------------------------|--------------------------|-------------------------|
| ___ Level Hiking/Walking | ___ Cabin Camping | ___ Biking |
| ___ Mountain Climbing | ___ Tent Camping | ___ Birding |
| ___ Swimming | ___ Hammock Swinging | ___ Outdoor Dining |
| ___ Kayaking | ___ Snow Shoeing | ___ Paddle Boarding |
| ___ Horseback Riding | ___ Cross Country Skiing | ___ Gardening |
| ___ Kite Flying | ___ Down Hill Skiing | ___ Other (please list) |

Suggestions _____

What specific areas of Educational Interests do you enjoy most (on a scale of 1=low, 3=highest)?

- | | | |
|----------------------|--------------------------------|----------------------|
| ___ Fitness/Wellness | ___ Writing/Poetry | ___ Cooking Classes |
| ___ Reading Club | ___ Travel | ___ Kayaking Classes |
| ___ Driving Skills | ___ Indoor Fitness Instruction | ___ Other |

Suggestions _____

What specific areas of New England & Long Trips Interest you? (On a scale of 1=low, 3=highest)?

- | | | |
|-------------------|-------------------|------------|
| ___ New Hampshire | ___ Maine | ___ Europe |
| ___ Vermont | ___ Rhode Island | ___ Alaska |
| ___ Massachusetts | ___ Connecticut | ___ Canada |
| ___ New York | ___ South America | ___ Other |

Suggestions _____

Side 2 – Boomerang Adventures Membership & Waiver Form

Membership is required to take part in Boomerang Adventures. Membership is only \$35 per year and is billed based on your membership anniversary date. **YMCA members take part free following a validation process.** Other organizations, listed below, receive discounts. Please check off appropriate box or boxes below. Please submit a mail a check to Debra Nichols, 167 Spur Road, Dover, NH 03820 with your completed Membership & Waiver form.

I am a current **NH Granite State Ambassador**, staff member or volunteer (1st year free)

I am an educator, staff or current student of the **Osher Lifelong Learning Institute (OLLI)** (1st year free)

I am a full facility member of the **YMCA of Greater Manchester** (Membership fee is waived)

(Downtown Manchester – Allard Center – Londonderry – Seacoast – Strafford)

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize equipment, services and programs of Boomerang Adventures and/or any participation in any program affiliated with Boomerang Adventures, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while participation with Boomerang Adventures, regardless of location:

1. **I have, or immediately upon participating will inspect and carefully consider Boomerang Adventures premises, outdoor locations, and/or the affiliated program** and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. **I hereby agree to indemnify and save and hold harmless** Boomerang Adventures, its staff, volunteers and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my presence, upon, or about Boomerang Adventures premises or in any way observing or using any facilities, outdoor locations, or equipment of Boomerang Adventures or participating in any program affiliated with Boomerang Adventures.
3. **I acknowledge that participating in Boomerang Adventures activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. I hereby assume full responsibility for the risk of bodily injury, death, or property** damage or loss while in, about or upon the premises or program affiliated with Boomerang Adventures and release, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pond or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. **I hereby agree that my participation in these activities is voluntary and I elect to participate despite the risks.** If at any time I believe that event conditions are unsafe or that I am unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. **I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity,** or else I agree to bear the costs of such injury or damage myself.
6. **I hereby agree that Boomerang Adventures may photograph or capture footage of me on any affiliated Boomerang Adventure or property and Boomerang Adventures** may use those photographs or footage for its marketing purposes and further agree to release both Boomerang Adventures and releases from any claim or liability related to that use, waiving all claims for myself, and any heirs or next of kin.
7. **I hereby agree that in the event that I need immediate medical attention for injuries that occur while participating in a Boomerang Adventure Program,** and I am not able to communicate my desires at the time of injury, I authorize Boomerang Adventures staff to give me first aid, and to arrange transport of myself to a health care facility for emergency care as needed.
8. **I give permission for myself to be transported by Boomerang Adventures** as needed for field trips, inclement weather, or carpooling.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the six States of New England and that if any person thereof is held invalid the remaining portions shall remain in full legal force and effect. **I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement has been made.

Date ___/___/___ Printed Legal Name _____ Signature _____