



Northern Paddle & Trail Membership Form 2026

Individual Membership: \$10

Family Membership: \$15

Mail your completed Membership and Waiver with a check to:

NPT % Mary Boyer

825 W Davenport St.

Rhineland, WI 54501

Each member must read/sign NPT Waiver-Release of Liability Form on Back



MEMBER INFORMATION			
Name	Phone *	Email *	Minor

ADDRESS:

* () **Do NOT** include my email address in NPT's contact list.
* () **Do NOT** include my telephone number in the NPT's contact list.
NOTE: We **do not** include member home addresses on the NPT contact list.

Photo Release and Consent Statement. Initial one of the below statements:

____ I hereby grant to Northern Paddle and Trail (NPT) the absolute right and unrestricted permission to publish, distribute, exhibit, sell, transfer, hold, or otherwise use the photographs of taken of me/us during any club activity; this granted permission releases Northern Paddle and Trail Society and its members from all liability related to the photos and allows this club to use photos of me in any public or private forum or media.

____ I hereby restrict Northern Paddle and Trail and NPT members from taking and using my/our photographic images.

Northern Paddle & Trail
Waiver and Release of Liability
Read Before Signing

In consideration of being permitted to participate in Northern Paddle & Trail outings, events, and related activities, I, for myself, my personal representatives, assigned heirs, and next of kin:

Acknowledge, agree and represent, that I understand the nature of outdoor recreation, water trail and off-trail travel, remote locations, severe weather, and related activities and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. I assume all risks inherent in my decision.

I fully understand that:

(a) recreation outings and related activities involve risks and dangers of damage to personal property and serious bodily injury, including permanent disability, paralysis, and death ("risks");

(b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the "releasees" named below;

(c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the activity.

I hereby release, discharge, and covenant not to sue *Northern Paddle & Trail*, directors, agents, officers, members, outing leaders, volunteers, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, injuries, damage to property, or other damages on my account, caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the "releasees" from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Names (print, including minor children)	
(Adult) Signature	(Adult) Signature
Date	Date

Emergency Contact:

Name	Relationship
Cell Phone	Address