



# THE UNRECABLES

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Family Members \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ Phone (home) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Name & DOB \_\_\_\_\_ Name & DOB \_\_\_\_\_

Disability \_\_\_\_\_

Medical Equipment (i.e., wheelchair) \_\_\_\_\_

Medications \_\_\_\_\_ Dosage \_\_\_\_\_ Allergies \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emerg Ph \_\_\_\_\_ Relation \_\_\_\_\_

Healthcare Insurance Co. \_\_\_\_\_ Healthcare I.D. No. (i.e., Medicare/Kaiser) \_\_\_\_\_

Are you a U.S. Veteran? Yes No Military Branch & Years \_\_\_\_\_

Describe any medical conditions limiting your participation in strenuous activities (i.e., heart condition, seizure disorder, etc.):

\_\_\_\_\_  
\_\_\_\_\_

What sport or activity could you teach/lead/assist? \_\_\_\_\_

Are you interested in serving on any of the following committees? (Check all that apply)

\_\_\_\_\_ Publicity/PR \_\_\_\_\_ Winter Trips \_\_\_\_\_ Equipment \_\_\_\_\_ Transportation

\_\_\_\_\_ Fundraising \_\_\_\_\_ Social Programs \_\_\_\_\_ Newsletter/Web site

\_\_\_\_\_ Please do not include my contact information in the Club Membership Directory.

### ANNUAL MEMBERSHIP FEES

*(includes memberships in Disabled Sports USA, LAC, FWSA)*

_____ Individual \$40.00	_____ Family \$60.00
_____ Individual Lifetime \$320.00	_____ Family Lifetime \$480.00
_____ Organization (1 year) \$50.00	_____ Organization (5 years) \$200.00

**Read & Sign  
the Waiver on back!**

Check payable to: The Unrecables. Read & sign the Waiver & Release on the back, and mail this form and a check to:  
**John Gray, Membership Director, 11478 Via Promesa, San Diego, CA 92124.**

Phone: 858-740-8017; e-mail: [membership@unrecables.org](mailto:membership@unrecables.org)

## Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA, Disabled Sports USA Los Angeles – The Unrecables, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

**In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Disabled Sports USA Los Angeles – The Unrecables, Inc. related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:**

**1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

**2. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Disabled Sports USA/ Disabled Sports USA Los Angeles – The Unrecables events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in such events or activities or the Participant’s presence on or travel to the premises where such events or activities take place.

**3. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a

helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

**4. Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**5. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of California and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Los Angeles County, CA; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.**

<b>Participant’s Signature</b>	<b>Participant’s Name (please print clearly)</b>	<b>Date</b>

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant’s behalf.

<b>Minor’s DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>