



Annual Membership - New & Renewal

(The Annual Membership period is June 1-to-May 31)

Please check one or more of the following club activities you would like to participate in:

☐ Safety & Education

☐ Monthly Floats

☐ Conservation

☐ Website

If you are joining after June 1, your dues will be pro-rated. Please contact the Treasurer if you have any questions regarding the fees. Any amount paid over the pro-rated dues will be considered a donation.

Membership types - Please check one:

☐ General - \$30 ☐ Business - \$60

Family or Business Name _____

Address including, city, state & zip _____

Phone _____ E-mail _____

Signatures on Release of Liability and Acknowledgment of Responsibility below are required.

Release of Liability and Acknowledgment of Responsibility:

In consideration of the benefits of being a member of the Ozark Mountain Paddlers (OMP) canoe and kayak club, I on behalf of myself, my heirs and assignees, hereby release the Ozark Mountain Paddlers club, its officers, members, employees and common adventure coordinators, from all liability from claims for property damage, bodily injury, or death arising from any club associated activity or trip.

I hereby acknowledge that whitewater, flat water, kayak, canoe or raft paddling is an inherently hazardous activity, which may result in injury or death of its participants. I acknowledge that it is my decision whether to participate in any activity or trip, or any given portion of any activity or trip, including running any given river, or sections of, on any given day, and that I must rely on my own knowledge of my abilities and my own assessment of the river conditions to make any such decision.

Primary Member _____
Printed Name Signature Date

Additional Family Members:

Printed Name (date of birth if under 18) Signature of adult or guardian

Printed Name (date of birth if under 18) Signature of adult or guardian

Printed Name (date of birth if under 18) Signature of adult or guardian

Printed Name (date of birth if under 18) Signature of adult or guardian

Printed Name (date of birth if under 18) Signature of adult or guardian

Please mail completed application & check to: Ozark Mountain Paddlers, Post Office Box 1581, Springfield, MO 65801