

# LIM359 Membership Form



Name: \_\_\_\_\_

Which Chapter of LIM359 would you like to join? \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Amputation (if applicable): \_\_\_\_\_ Amputation Level (if applicable): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

## Waiver:

I know that participating in LIM359 sponsored events is potentially hazardous. I agree not to enter any LIM359 sponsored event unless I am medically able and properly trained. I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, other participants, spectators, or others, the effect of the weather, including high heat, extreme cold and/or humidity, traffic conditions of the road, all such risks being known and appreciated by me.

Having read this Waiver and knowing these facts, and in consideration of your accepting my application, I, for myself or for my child and anyone else entitled to act on my behalf, waive and release LIM359, all sponsors of LIM359 and any of their events, members and volunteers, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in any LIM359 event or related activities, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver.

## Photo Release:

- I grant to LIM359 the right to take photographs of me and my family in connection with LIM359 hosted events. I authorize LIM359, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
- I agree that LIM359 may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above information:

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Date \_\_\_\_\_ Signature, parent or guardian, if under age 18 \_\_\_\_\_

Please return this form to [livinginmotion359@gmail.com](mailto:livinginmotion359@gmail.com) or 4815 E. 6<sup>th</sup> Ave Pkwy, Denver, CO 80220.