



SOLAR MEMBERSHIP APPLICATION

School for Outdoor Leadership, Adventure and Recreation

Name:		<i>Check one:</i>
Address:		<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal
City:		<i>Type of Membership (check one):</i>
State:		
Zip Code:		
Email:		
Home Phone: ()		
Mobile Phone: ()		
Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <i>Make checks payable to SOLAR</i>	

- Members' contact information (name, address, phone numbers and email addresses) are printed in a membership roster and made available to other SOLAR members, unless otherwise requested.

Please check if you DO NOT want any of the following published:

- Address Home Phone Mobile Phone Email Address

- The SOLAR Ray newsletter is available online; would you like to receive it by mail, also? Yes No
- How did you hear about SOLAR? _____

SOLAR Liability Waiver

I, _____, understand that SOLAR provides a forum for the exchange of ideas, information, skills, and equipment as well as the planning and conducting of outdoor activities and classes by and with people who share similar interests. SOLAR does not directly provide activities or classes, and the individuals who lead and participate in such events as members of SOLAR are not professional guides or outfitters. SOLAR is a volunteer organization made up of people who enjoy outdoor recreation and are interested in sharing this enjoyment with others.

I understand that there are risks inherent to participation in outdoor activities. These risks include, but are not limited to: falls, burns, dehydration, exposure to the elements, drowning, insect and animal bites, human errors, equipment failure, and falling debris that may result in serious injury or even death. I understand these risks and agree to assume them.

I hereby release from any and all liability, for myself and my heirs, any and all members, participants, instructors, or organizers of events offered through SOLAR; SOLAR steering committee members; and the SOLAR organization itself for any harm or injury that I suffer as a result of my participation.

This release is to include any risk or harm listed above, as well as any and all risks, known or unknown, which I may encounter through my participation in the activities in which I may choose to engage. This would include risks associated with the transportation to and from such activities, except as allowed by Michigan Law for Negligence of a driver of an individual automobile (not owned by SOLAR) who may be at fault in a personal injury accident. I understand that SOLAR does not provide insurance for such risks and any automobile insurance is solely the responsibility of the owner of the automobile.

Date: _____ Signed: _____
(Member's signature)

Date: _____ Signed: _____
(Co-Member's signature)

Mail check and completed application to:

SOLAR Membership, 33228 W. 12 Mile Road #220, Farmington Hills, MI 48334

SOLAR MEMBERSHIP APPLICATION (CONTINUED)

Co-Member and Family Membership Information

Name	Age <i>(of minors)</i>	Email <i>(if applicable)</i>	Mobile Phone <i>(if applicable)</i>

<i>For Internal Use Only:</i>	
Membership card created	
Invited to join Yahoo! Group	
Invited to join Meetup group	
Added to member roster	
Name(s) submitted to Ray Editor	
Other:	
Other:	