



JOURNEY: AFRICAN AMERICAN OUTDOOR SPORTS ASSOCIATION

MEMBERSHIP APPLICATION (Please Print)

Name: _____ Date of Birth: ____ - ____ - ____
Address: _____ Gender: ___ Male ___ Female
City: _____ State: _____ Zip: _____
Phone - Day: _____ Phone - Eve: _____ Fax: _____
Email: _____ 2nd email: _____
Experience: ___ beginner ___ experienced **Interest:** (for example, hiking, cycling) _____

Membership Classification (check One): *Membership last 12 months*

___ **Individual** \$45.00, ___ **Family** \$90.00 (children under 12), ___ **Senior / Student / Youth** \$35.00

Make Checks Payable to: Journey, 2500 Giles Road, Apt J, Baltimore MD 21225

LIABILITY WAIVER STATEMENT

Please note: Payment of dues constitutes agreement of those signed below with the policies of **JOURNEY**, including the following, which must be signed by everyone age 18 and older who wish to belong to **JOURNEY** under this application. For Youth Membership, a parent or guardian must sign. **All married persons under 18 must sign.**

Failure to read and acknowledge by your signature(s) voids your acceptance for membership

"I am (we are) aware of the risks inherent in outdoor activities. Therefore I (we) will be responsible for my (our) own well being while participating in activities of **JOURNEY**, and while traveling to and from these activities. I (we) agree that **JOURNEY**, its officers, representatives and Trip Leaders shall not be liable for any injury, loss, or damage for my (our) person (s) or property, direct or consequential, arising out of the activities of the association. If I am a parent or guardian (if we are parents or guardians) in a family membership, I (we) agree to assume this same responsibility for my (our) minor children."

Participant Signature Participant Signature Parent / Guardian Signature

Printed Name Printed Name Printed Name

For Family Membership list all children members (including gender and age) here and on back:

Child Name / Age / Gender: M or F Child Name / Age / Gender: M or F Child Name / Age / Gender: M or F

I am joining the following committees: (check all that apply)

___ Trip Leader ___ Asst. Trip Leader ___ Newsletter ___ Exhibiting ___ Outreach ___ Recruitment
___ Telephoning ___ Fundraising ___ Research ___ Workshops ___ Clinics ___ Events Planning / Support

Journey: African American Outdoor Sports Assn, 2500 Giles Road, Apt J, Baltimore, MD 21225
Ph: 443-453-3010 / Email: admin@journeyoutdoors.org