

**PIKES PEAK OVER THE HILL GANG  
MEMBER APPLICATION (May, 2024)**

*(Please Print Legibly)*

**Name:** \_\_\_\_\_ Name desired on badge: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email for PPOTHG notifications \_\_\_\_\_

Activities Skiing: \_\_\_\_\_ Snowshoeing: \_\_\_\_\_ Hiking: \_\_\_\_\_ Golf: \_\_\_\_\_ Camping: \_\_\_\_\_ Biking: \_\_\_\_\_ Pickleball: \_\_\_\_\_

Spouse/Partner:

**Name:** \_\_\_\_\_ Name desired on badge: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email for PPOTHG notifications \_\_\_\_\_

Activities Skiing: \_\_\_\_\_ Snowshoeing: \_\_\_\_\_ Hiking: \_\_\_\_\_ Golf: \_\_\_\_\_ Camping: \_\_\_\_\_ Biking: \_\_\_\_\_ Pickleball: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_

**Application Month:** \_\_\_\_\_

**Membership Eligibility:** Membership in the Pikes Peak Over the Hill Gang (PPOTHG) is open to all individuals age 50 years of age or over, or those who will reach 50 years of age by December 31st of the membership year.

**Membership Dues (MEMBERSHIP DUES ARE NON-REFUNDABLE)**

- The annual PPOTHG membership period is October 1st - September 30th. The annual dues are \$30 per person. If your renewal payment is not postmarked by the September 30th deadline, you will be assessed an additional \$10 LATE PAY FEE. If a current member does NOT renew by the September 30th deadline, and wishes to rejoin at anytime in the following 12 months, they will be considered renewing members and the standard \$30 renewal plus \$10 late fee will apply.
- When joining October 1- March 31 dues are \$30 per person for the year
- When joining April 1 - September 30 dues are \$15 per person for the partial year.

**Newsletter/Member Roster:** Newsletters, member rosters and notifications are sent via email. See our website at [www.ppothg.com](http://www.ppothg.com).

**ACKNOWLEDGMENT AND RELEASES:** An Accident Waiver and Release of Liability is an integral part of this document, and is found on the second page of this application. Your application is not complete until you sign this Waiver. Occasionally minors are included in activities, such as in camping. In that event the form on the second page must be signed on behalf of the minor when such participation occurs.

Activities such as skiing, hiking (including, as an example, climbing of a "fourteener") and other activities can result in accidents. The Club, the Board, the club members, and the Activity Coordinators cannot assume this liability. If you have any concerns regarding this release, please contact the Club President.

As a member, I give permission to be added to the PPOTHG Subscriber Mail Chimp distribution list so I can be notified by email of information pertaining to the club.

**AGREED AND ACKNOWLEDGED (Please Sign):**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Please make your check payable to "PPOTHG" and mail it to:**

*Pikes Peak Over The Hill Gang (PPOTHG), P.O. Box 306, Cascade, CO 80809*

Any questions regarding this application, please contact Lisa Powell at (504) 913-7647.

Please go to the next page for the Accident Waiver and Liability Release, Revision May, 2024.

# ACCIDENT WAIVER AND RELEASE OF LIABILITY

Revision May, 2024

**IMPORTANT: THIS ACCIDENT WAIVER AND LIABILITY RELEASE MUST BE CAREFULLY READ AND SIGNED BEFORE ACTIVITIES MAY BE UNDERTAKEN.**

**BY THIS AGREEMENT, I ACKNOWLEDGE THAT I AM GIVING A RELEASE OF LIABILITY, INCLUDING FROM NEGLIGENCE.**

In consideration of the permission granted or that may hereafter be granted to me by the Pikes Peak Over the Hill Gang, a Colorado nonprofit corporation, (hereinafter "PPOTHG") to participate in activities with the PPOTHG, including downhill and cross country skiing, snowshoeing, backpacking, hiking, rafting, cycling, camping, picnics, and any other recreational activities that the PPOTHG may offer, I (print name) \_\_\_\_\_  
(spouse/partner) \_\_\_\_\_ acknowledge and agree as follows:

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL RECREATIONAL ACTIVITIES ORGANIZED OR SPONSORED BY THE PPOTHG, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activities in which I choose to participate, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in such activities.

I acknowledge that this Accident Waiver and Release of Liability will be used by the event holders, sponsors, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities at said activity. I acknowledge that the persons released are volunteers and are NOT specially trained or credentialed in connection with the activities organized by or on behalf of the PPOTHG.

In consideration of my application and permitting me to participate in PPOTHG activities, for myself, my executors, administrators, heirs, next of kin, successors, and assigns:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the activities in which I participate, THE FOLLOWING ENTITIES OR PERSONS: The Pikes Peak Over the Hill Gang, (PPOTHG) and/or their directors, officers, employees, event leaders, volunteers, members, representatives, and agents (collectively "the RELEASEES") and

(B) I AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of the RELEASEE or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the activities in which I choose to participate.

I understand while participating in such activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

**AGREED AND ACKNOWLEDGED (Please Sign):**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: ADULT MEMBERS AND GUESTS MUST SIGN FOR THEMSELVES. PARENTS OR AUTHORIZED ADULT FAMILY MEMBERS (viz., GRANDPARENTS) OR LEGAL GUARDIANS MUST SIGN FOR MINOR CHILDREN THAT MAY BE GUESTS.**