Mountain High Hikers Membership and Renewal Form

Name:			
Name:			
Telephone:	·····		
Address:			
City:	State	Zip	_
E-Mail Address(s):			
		ddress current with the membership chairm s/guests on the Mountain High Hikers websi	
member, guest, or non-member pa minors accompanying such persons MHH activities, each such person ag directors, and members, for any acc activities. I agree that I am solely re	rticipant agrees to accept personal resolution. MHH cannot ensure the safety of an agrees to hold harmless and free from lesident, injury, or illness, which might be asponsible for my own equipment, safe	any Mountain High Hikers (MHH) activity. Esponsibility for his or her safety and the safe my participant on hikes or activities. In participame the activity leaders and the MHH, its persustained from participating in hikes or offety, and first aid needs. Hiking and other actically fit and have not been advised otherwise.	ety of cipating in officers, ther MHH tivities ma
activity. I will and do hereby assum	e the above-mentioned risks and will rmless from any and all liability and cl	Iness I might sustain while participating in a hold the Mountain High Hikers, officers, dire laims of every kind and nature whatsoever,	ectors,
This release is binding on me, my he	eirs, and my personal representatives.		
I do hereby certify by my sig document.	nature that I have read, under	stand and agree to the terms of thi	s
Signature:		Date:	_
Signature: (spouse)		Date:	_
New Member	Renewal		
		able as of January 1st. All membership privil luring October, November, or December you	

covered for the following year.

As MHH is active in trail maintenance, contributions to the Trail Maintenance Equipment Fund are welcomed.

A copy of this form is to be completed for new members. Please send the completed form along with your dues payment to the address below. Renewals only need send check. All checks are to be made payable to Mountain High Hikers.

Membership Chairman, Mountain High Hiking Club PO Box 42 Hayesville, NC 28904