**NORTH AMERICAN PROSPECTORS ASSOCIATION, INC.**
**MEMBERSHIP APPLICATION**

**PO Box 522 Centralia, WA 98531** **Ph: 253-495-4567**

**PLEASE PRINT CLEARLY:** **MEMBERSHIP: $35 FOR ONE YEAR**

NAME_____PHONE_____
LAST FIRST INT

ADDRESS_____

CITY_____STATE_____ZIP_____

EMAIL(For notification purposes only) _____

**New Member** ☐ **Returning Member** ☐ **Military/ Veteran $30** ☐

**MEMBER/GUEST RELEASE**

FOR AND IN CONSIDERATION OF BEING A MEMBER/GUEST OF THE NORTH AMERICAN PROSPECTORS ASSOCIATION, INC (HEREINAFTER"THE ASSOCIATION"), I/WE DO HEREBY RELEASE, ACQUIT, AND FOREVER DISCHARGE THE ASSOCIATION, IT'S MEMBERS, DIRECTORS AND/OR OFFICERS, AND ANY OTHER PERSONA, FIRMS OR CORPORATION OF AND FROM ANY AND ALL FAULT, NEGLIGENCE, OR OTHER ACTION, CAUSES OF ACTION, CLAIMS DEMANDS, DAMAGES, COSTS, LOSS OF SERVICE, EXPENSES AND COMPENSATION, ON ACCOUNT OR IN ANY WAY GROWING OUT OF ANY AND ALL KNOWN AND UNKNOWN PERSONAL INJURIES AND PROPERTY DAMAGE RESULTING OR TO RESULT FROM ANY ACCIDENT OR OTHER ACTIVITY THAT COULD OCCUR ON ANY OF THE ASSOCIATION-OWNED PROPERTIES AND DURING ANY OR ALL ASSOCIATION-SPONSORED FIELD TRIPS, OUTINGS, WORKSHOPS, MEETINGS OR OTHER ACTIVITIES.

I/WE ACKNOWLEDGE THAT RECREATIONAL PROSPECTING MAY INVOLVE INHERENT DANGERS INCLUDING BUT NOT LIMITED TO: FALLS, ACCIDENTS OR ILLNESS IN REMOTE AREAS WITHOUT MEDICAL FACILITIES, FORCES OF NATURE, HYPOTHERMIA, AND THE ACTIONS OF PARTICIPANTS AND OTHER PERSONS. I PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THESE ACTIVITIES.

THE TERMS OF THIS AGREEMENT WILL SERVE AS A RELEASE AND INDEMNITY AGREEMENT FOR MY HEIRS, PERSONAL REPRESENTATIVES, AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING ANY MINORS (PARENTS OR LEGAL GUARDIANS MUST SIGN FOR ALL PERSONS UNDER EIGHTEEN (18) YEARS OF AGE).

THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO, AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND MUST BE RENEWED ANNUALLY (WITH MEMBERSHIP RENEWAL FOR ASSOCIATION MEMBER) IN ORDER FOR ASSOCIATION MEMBER/GUEST TO BE ABLE TO PARTICIPATE IN ANY/ALL ASSOCIATION ACTIVITIES.

*I/we further state that i/we have carefully read the foregoing release and know the contents thereof and I/we sign the same as my/our free act.*

_____ _____ _____
PLEASE PRINT FULL NAME SIGNATURE DATE
(If your membership includes members of your immediate family, please have them sign below)

_____ _____ _____
PLEASE PRINT FULL NAME SIGNATURE DATE

_____ _____ _____
PLEASE PRINT FULL NAME SIGNATURE DATE

_____ _____ _____
PLEASE PRINT FULL NAME SIGNATURE DATE

MAIL THIS COMEPLETED PAGE TO THE ADDRESS ABOVE OR BRING TO A MEETING, AND INCLUDE A CHECK MADE OUT TO ***NORTH AMERICAN PROSPECTORS ASSOCIATION, INC. IN THE AMOUNT OF $35.00***. A MEMBERSHIP CARD WILL BE GIVEN OR MAILED TO YOU.