



**GIBBONS OUTDOOR ADVENTURE LEADERSHIP SCHOOL
ADVENTURE RACING ASSOCIATION**

www.goalsara.org



MEMBERSHIP APPLICATION
Print and Mail this form

NAME _____ AGE _____

ADDRESS _____ GENDER _____

CITY _____ STATE _____ ZIP _____

PHONE (h) _____ PHONE (w) _____

E-MAIL _____

ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement is given by the undersigned Applicant for the benefit of Gibbons Outdoor Adventure Leadership School Adventure Racing Association (GOALS ARA), and its respective divisions and associations, employees, agents, members, sponsors, promoters and affiliates (collectively "Releasees").

I acknowledge that adventure racing is an inherently dangerous sport in which I participate at my own risk and that the GOALS ARA and its associations are corporations formed to advance the sport of adventure racing, the efforts of which directly benefit me. In consideration of and as a condition of my membership in GOALS ARA, I individually and on behalf of my heirs, executors, administrators, legal representatives, successors and assigns, release and forever discharge, hold harmless, indemnify, including as to attorney fees, and promise not to sue Releasees on, from or against, and waive, any claims, damages, expenses or demands arising directly or indirectly from or attributable in any way to the negligence, action or failure to act of any Releasees in connection with the sponsorship, organization or execution of any adventure racing or sporting event, including travel to and from such event, in which I may participate as a racer, rider, team member, spectator or in any other manner. Every term and provision in this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I currently have no known physical or mental condition that would impair my capability and am fit to fully participate in adventure racing.

_____ PRINTED NAME OF APPLICANT

X _____ Dated: _____

Signature of Applicant (All applicants must sign in ink.)

**FOR MINORS:
PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING**

I, as parent or guardian of the Applicant, represent to the Releases that the facts herein concerning my child or ward are true. I give my permission for my child or ward to enter any adventure race or event permitted by GOALS ARA or its associations during the period of the membership applied for, and further, in consideration of the granting of such membership, agree, individually and on behalf of my child or ward, to the terms of the above agreement.

_____ PRINTED NAME OF PARENT OR GUARDIAN

X _____ Dated: _____

Signature of Parent or Guardian

1 year membership is \$40.00
Mail completed application and fees (check or money order) to:
GOALS ARA • 1302 Spellman Drive • Downingtown, PA 19335