

# *Washington Native Orchid Society*

## *Membership Application*

The purpose of the W.N.O.S is to educate and promote conservation of Washington State Native Orchids. The Objectives of Washington Native Orchid Society are:

- To identify areas containing native orchid species.
- To conserve native orchid communities by working alone and with other conservation bodies, governments and private corporations.
- To preserve data on native orchids by performing research and field studies.
- To foster an awareness and appreciation of rare native orchids through education, display and field trips.
- To provide an association and a voice for those interested in the conservation of native orchids.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other Interests: \_\_\_\_\_

Other Orchid Societies  
You Belong To: \_\_\_\_\_

Other Plant Societies  
You Belong To: \_\_\_\_\_

Are you involved in the  
sale of native orchids? \_\_\_\_\_

How did you learn  
of WNOS?

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Why do you want  
to join of WNOS?

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IN CONSIDERATION of being given the opportunity to participate in any W.N.O.S. activity, including scheduled, supervised club activities, and during the term 2/29/09 - 2/29/10, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of W.N.O.S. Activities, both in classroom and hiking based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that:

(a.) some W.N.O.S. ACTIVITIES such as Orchid Hikes INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks");  
(b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. FULLY UNDERSTAND that: W.N.O.S. is a society dedicated to the appreciation of native orchids through education and conservation. Individuals found poaching orchids will have their membership Immediately revoked and will be reported to local and state authorities. Members may not act on behalf of nor invoke the name of the W.N.O.S without the express written permission of the board of the

W.N.O.S. Members agree to hold harmless the W.N.O.S, the board, its officers and other members for any activities conducted by said members.

4. AGREE AND WARRANT that I will examine and inspect each Activity in Which I take part as a member of W.N.O.S. and that, if I observe any Condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

5. HEREBY RELEASE, discharge, and covenant not to sue W.N.O.S., the Club, their administrators, directors, agents, officers, volunteers and employees, other participating organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP

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

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

Participant's Signature:

\_\_\_\_\_

PARENTAL CONSENT (if participant is under the age of 18).  
AND I, the minor's parent and/or legal guardian, understand the nature of W.N.O.S. activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasee,

I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Printed Name of Parent/Guardian:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip \_\_\_\_\_

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

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

Parent/Guardian Signature (only if participant is under the age of 18):

\_\_\_\_\_

You will be notified of your acceptance into the Washington Native Orchid Society after approval of your application. This is to ensure the protection of the native orchids.

Mail Application To:

Washington Native Orchid Society

c/o Melissa Rathbun

14611 Goodrich Dr NW

Gig Harbor WA 98329

or Fax 253-857-0143

Membership dues will be due after acceptance of your membership. The dues are \$15.00 for an individual membership and \$20.00 for a family membership (same household).

Dues can be payable to:

Melissa Rathbun

14611 Goodrich Dr NW

Gig Harbor WA 98329