

# 2019 Membership Form



NEW Member  
 RETURNING Member

*\*Indicates required information*

## **Membership Information\*** (Please print clearly)

Member Name\*: \_\_\_\_\_ Birth date \*:        /        /

Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone: \*(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email\* \_\_\_\_\_

## **Emergency Contact\*:**

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Interests:** Please mark all that apply – you will receive specific information as indicated:

Program offerings:		
<input type="radio"/> Active Women Healthy Women	<input type="radio"/> Hiking	<input type="radio"/> Snowshoeing
<input type="radio"/> Triathlon Training	<input type="radio"/> Cycling	<input type="radio"/> Other: _____
<input type="radio"/> Running/Walking Programs	<input type="radio"/> Yoga	
<input type="radio"/> Dragon Boat Program	<input type="radio"/> Swimming	

**Participant Information:** Please fill in the following information about yourself. It may be compiled and used for grants to broaden additional funding opportunities for programs. The information will be kept completely confidential. Thank you!

1. Type of Cancer (please check all that apply)

Breast  
 Colorectal  
 Leukemia/Lymphoma  
 Lung  
 Ovarian  
 Other: \_\_\_\_\_

5. Race/Ethnic Origin\* (please check all that apply)

African American or Black  
 American Indian or Alaska Native  
 Asian  
 Hispanic/Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_  
 Prefer not to answer

2. Date of Initial Diagnosis: \_\_\_\_\_

3. Main Oncologist's Name: \_\_\_\_\_

6. Is English your first language? \_\_ Yes \_\_ No  
\_\_\_\_ Prefer not to answer  
If no, please list your first language.  
\_\_\_\_\_

4. How did you hear about TSNW?  
\_\_\_\_\_

**Privacy Statement:** Information given to the TSNW office is used only for agency data collection and disbursement of organization information (program emails, upcoming events). Program instructors receive contact information in the form of email and phone, for use in case of emergencies (sudden class cancellations due to weather or illness) and receive explicit instruction regarding your privacy. We do not supply personal information to other TSNW members or others who may contact us claiming to have personal ties to you.

**Volunteerism:** As a volunteer-driven organization, we invite you to consider volunteering.

*I may be interested in volunteering and would like to find out more!*

Yes, contact me with more information.  
 Possibly in the future

**Representations and Liability Releases:**

I am aware that participation in fitness programs or events, including TSNW\* programs and events (a “TSNW Activity”), involves certain risks, including but not limited to the risk of serious bodily or mental injury or death, and the risk of economic loss, arising out of my participation in a TSNW Activity and whether caused by me or by someone else, including TSNW, as defined below. I am aware that TSNW does not manufacture or guarantee the safety of the equipment that may be used during a TSNW Activity.

In consideration of my participation in TSNW Activities, by my signature, I acknowledge and confirm that I have read and understood this membership form in its entirety and particularly the following releases:

- I am physically able to undertake, and am voluntarily participating in, any TSNW Activity in which I choose to participate, with knowledge of the risks involved and I hereby accept full responsibility for these risks, which include the risk of economic loss.
- I voluntarily accept the risk of sustaining injuries arising from or during participation in a TSNW Activity, which may range from minor to catastrophic.
- On behalf of myself, my spouse (if any), my parents (if any), my children (if any) and any heirs or assigns, I release TSNW from any liability and/or claims for damages that may arise due to my participation in a TSNW Activity.
- To the extent that there is no conflict between my previous releases of TSNW’s liability (if any), and the representations contained in this form, all previous releases shall continue to apply. In the event of a conflict, the releases contained in this form shall control.
- I know of no physical or medical reason or impairment that might prevent or hinder my participation in a TSNW Activity of my choosing, though I acknowledge the right of TSNW to refuse to allow me to participate in a TSNW Activity if deemed appropriate to preserve the safety and enjoyment of all participants in that activity. It is my responsibility to continually monitor my ability to participate in TSNW Activities.
- I understand that TSNW does not employ health-care professionals to implement and monitor TSNW Activities. Any discussion of health-related issues at a TSNW Activity shall not be deemed to create a duty in, nor put TSNW on notice of, a health or medical concern that requires TSNW to take any action or issue any warning to me regarding my participation in TSNW Activities or the advisability of consulting with a medical professional. TSNW cannot and will not advise me whether to participate or to refrain from participating in any activity based on my physical condition or health-related concerns.
- TSNW has not made and will not make in the future any representations to me regarding my physical condition or my ability to participate in TSNW Activities.
- Any health or medical concerns that arise now or in the future will be reviewed, at my discretion, with my physician or other medical professionals outside of TSNW.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Photo Use and Release:**

I hereby consent to the reproduction, publication and use of my likeness in any format for promotional purposes or for any other purpose consistent with TSNW’s charitable mission, of photographs, movies and videotapes (collectively, “Photos”) of me by TSNW. I hereby release TSNW from any liability and/or claims for damages that may arise, now or in the future from the use of any Photos.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

**“TSNW” includes but is not limited to Team Survivor Northwest, its officers, directors, volunteers, employees, agents, members, affiliates, independent contractors and all persons rendering services on TSNW’s behalf to members, participants or others involved in TSNW Activities (as defined above).**



## MEDICAL RELEASE FORM

Please return form to:  
200 NE Pacific St. Suite 101  
Seattle, WA 98105

Phone: 206-732-8350  
Fax: 206-732-0263

**Participant:** *Please print clearly*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

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

My current activities include: \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Physician:** *Please list any restrictions that you would recommend for this patient for our activity and training program. No response will indicate no limitations and/or restrictions.*

Physical limitations:  
\_\_\_\_\_

Other restrictions/comments:  
\_\_\_\_\_

This patient has my approval to participate in physical activity and training programs with the restrictions described above.

**Print Name** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician recommendations for activities for participation: *check all that apply*

Program offerings:

- |  |                                |                                    |
|--|--------------------------------|------------------------------------|
| <input type="radio"/> Active Women Healthy Women | <input type="radio"/> Hiking   | <input type="radio"/> Snowshoeing  |
| <input type="radio"/> Triathlon Training         | <input type="radio"/> Cycling  | <input type="radio"/> Other: _____ |
| <input type="radio"/> Running/Walking Programs   | <input type="radio"/> Yoga     |                                    |
| <input type="radio"/> Dragon Boat Program        | <input type="radio"/> Swimming |                                    |