

***Soboba Trail Running Club Membership in conjunction  
with Noli Indian School Trail Running Club Sign-up Form.***

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

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Experience Level:

- Beginner
- Intermediate
- Advanced

Membership Type:

- Individual

Family (please list family members)

Trail Running and Stewardship Pledge:

As a member of the trail running club, I understand and agree to abide by the following principles of trail running and stewardship:

1. Respect for Nature: I will respect the natural environment and wildlife while running on trails, adhering to Leave No Trace principles.
2. Trail Maintenance: I will participate in trail maintenance activities, such as trail clean-ups and trail restoration efforts, to help preserve and protect our trails.
3. Trail Etiquette: I will practice good trail etiquette by yielding to other trail users, staying on designated trails, and avoiding shortcuts that may cause erosion.
4. Environmental Responsibility: I will minimize my environmental impact by properly disposing of trash, recycling whenever possible, and reducing single-use plastics during trail running activities.
5. Community Engagement: I will actively engage with and support the trail running community, fostering a spirit of camaraderie and inclusivity among fellow members.
6. We will meet on Tuesdays and Thursdays Time to be Announced.

Waiver:

I, the undersigned, understand and acknowledge that participating in trail running activities involves certain risks, including but not limited to falls, contact with other participants, the effects of weather, and conditions of the trail. In consideration of being allowed to participate in the trail running club, I hereby assume all risks associated with my participation.

I hereby waive, release, and discharge the trail running club, its officers, directors, volunteers, and members from all claims, demands, liabilities, rights, or causes of action, present or future, known or

unknown, anticipated or unanticipated, resulting from or arising out of my participation in trail running activities.

I certify that I am physically fit and have sufficiently trained to participate in trail running activities and that I have not been advised otherwise by a qualified medical professional.

I have read this waiver and release of liability and fully understand its terms, and I understand that I am giving up substantial rights, including my right to sue.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if participant is under 18 years old): \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to Sheldon Subith@ Noli Indian School. Thank you for joining our community and for your commitment to trail running and stewardship!

Email [ssubith@soboba-nsn.gov](mailto:ssubith@soboba-nsn.gov)