



ROCK HILL BICYCLE CLUB

Recreation ■ Competition ■ Advocacy

2007 Membership Application and Renewal Form

Name _____ Address _____

E-mail _____ I wish to receive updates on club news via email. Yes No

City _____ State _____ Zip _____

Primary Phone _____ Optional Phone _____

I give the RHBC permission to share my name, email and phone number with its membership. Yes No

TYPE OF MEMBERSHIP Individual **\$10** Family **\$15**

Please provide the names and ages of all family members included in family membership.

NAME	AGE (as of 1.1.07)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INDICATE PRIMARY CYCLING INTEREST Recreation Competition Advocacy

The RHBC is a non-profit, all volunteer organization— please indicate areas where you might be willing to help.

- Leading rides Registration Web Page Seminars Cycling Education
- Legislative Action Traffic Control Sag Support Website Workshops
- Other (please indicate) _____

WAIVER OF LIABILITY: I have read the RHBC Accident Waiver and Release of Liability and agree to its terms.

Signature _____

Signature of parent of guardian (if under 18 years of age) _____



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2007 Accident Waiver and Release of Liability

I acknowledge that participation in **BICYCLE RIDES & CLUB ACTIVITIES OF THE ROCK HILL BICYCLE CLUB, INC.** carries with it the potential for death, serious injury, and property loss. I hereby assume all of the risks of participating and/or volunteering in these events. I realize that liability may arise from negligence on the part of persons and entities mentioned below and from dangerous or defective equipment or property owned, maintained or controlled by them.

In consideration of permitting me to participate in these events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or other damages, Rock Hill Bicycle Club, Inc. its directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, and event volunteers;

(B) Indemnify and Hold Harmless the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in this event.

I certify that I am physically fit, have sufficiently trained for participation in these events and have not been advised otherwise by a qualified medical person. I hereby consent to receive medical treatment that may be deemed advisable because of injury, accident, and illness during these events.

I understand that at these events, I may be photographed. I agree to allow my photo, video and film likeness to be used for any legitimate purpose by the event organizers, sponsors, and assigns.

I recognize that bicycling is potentially dangerous. I represent that I am a competent cyclist, will wear an ANSI or SNELL approved helmet at all times while I am on my bicycle, and will be responsible for the safety of my own bicycle.

I hereby certify that I have read this document and I understand its content.

Print Parent / Guardian's Name	Age	Signature	Date

PARENT OR GUARDIAN WAIVER FOR MINORS (under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is acting in such capacity, gives permission for the minor to participate in the event, agrees to this Accident Waiver and Release of Liability, and agrees to hold harmless and indemnify the parties referred to above from all liability and damages that may be imposed because of any defect in or lack of such my parent or guardian capacity.

Print Parent / Guardian's Name	Age	Signature	Date