

Bloomin' 2010 Metric®

Official Registration Form

Application/Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of being permitted to participate in any way in Sound Cyclists Bicycle Club's Bloomin' Metric® (Activity), I, for myself, my personal representatives, assigns, heirs and next of kin:

1. **Acknowledge**, agree, and represent that I understand the nature of Cycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that Bloomin' Metric® will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. **Fully understand** that: (a) **Cycling activities 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 "Releasees" 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 or that of the minor in the Activity.

3. **Hereby release, discharge, covenant not to sue Sound Cyclists Bicycle Club, its sponsors, beneficiaries**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, 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 "Releasees" 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 the result of such claim.

4. **From time to time**, the SCBC will take photographs of members participating in various Club-related events. I understand that such photographs may be used by SCBC for advertising and promotional purposes and/or in SCBC member publications and I hereby grant permission to SCBC, its officers, members and representatives to use my name, photograph and other likeness for such purposes without additional compensation, except where otherwise provided by law. I further authorize SCBC, its assigns and transferees to use, copyright or publish the same in print and/or electronic formats. I have read, understand and agree to be bound by the permission granted above.

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.

I further understand that I must be at least eighteen years of age or otherwise accompanied by an adult and do hereby agree to wear an ANSI-, SNELL-, or CPSC-approved helmet during this Sound Cyclist Bicycle Club ride as per club policy and Bloomin' Metric® rules.

_____	_____	_____
Signature	Parent or Guardian if under 18	Date

Please Print Very Clearly (use blue or black ink only)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Daytime Phone () _____ Birth Date _____ Gender _____

Evening Phone () _____

Emergency Contact Name _____

Emergency Contact Phone () _____

T-shirt size: (Note: You must be pre-registered by May 1 to receive a T-shirt)

Small Medium Large X-Large XX-Large

Enclosed is my pre-registration fee: \$27.00 by 5/1; \$33.00 by 5/20. Children under 16 / \$15.00
Make your non-refundable check payable to:
Sound Cyclists Bicycle Club

I would like to volunteer the day of the ride.

I would like to join SCBC. I am also including a check payable to **Sound Cyclists Bicycle Club** for \$25.00

Note: These dues include a \$5.00 handling fee for using a mail-in form. **Consider online registration.**

Send this application to:
Sound Cyclists Bicycle Club, P.O. Box 1144, Darien, CT 06820