



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, Inc. ("Club") sponsored Bicycling Activities ("Activity"), I, for myself, my personal representatives, assigns, heirs and next of kin:

1. Acknowledge, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity 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) **Bicycling 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, the League of American Bicyclists 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 rules.

Check One: New Member Renewal Change of Address

Check One: Individual Membership Family Membership Total Members in your Family _____

First Name _____ Middle Name _____ Last Name _____

Signature _____

Gender: Male Female Birthday: Month _____ Date _____ Year _____

E-Mail Address _____ Telephone _____

Street Address _____

City _____ State _____ Zip _____

Check a Ride Category: _____ Advanced _____ Intermediate _____ Slow _____
 (A/20+ mph) (B/16-19 mph) (C+/14-16 mph) (C/13-14 mph) (D/11-13 mph) (E/9-11 mph)

I would like to volunteer for: Bloomin' Metric® Picnic Events Community Relations Publicity Legal Lead Rides
 Other _____

Would you like to be written up in our Member Spotlight? Yes No List in our SCBC member directory? Yes No

Where did you hear about SCBC?: Bloomin' Metric® Bike Shop Friends Internet Other: _____

Your Profession (optional): _____

Family Members:

Family Member #2: Name _____ Age _____ Gender _____

Family Member #3: Name _____ Age _____ Gender _____

Family Member #4: Name _____ Age _____ Gender _____

Please consider registering online at www.soundcyclists.com/BecomeMember.htm and avoid delays in your membership, obtaining the user name and password, and paying the additional \$5.00 handling fee.

Send this application along with a check for \$25.00 (\$20.00 membership dues/\$5.00 handling fee) to:
SCBC Membership Director, P.O. Box 1144, Darien, Connecticut 06820

Membership runs from February 1st of one year to January 31st of the following year. If you join after October 1st your membership will continue past the first January 31 date (4 months) and expires the following January 31st, essentially giving you a 16 month membership.