

CAPE COD CYCLING CLUB

2017 Application Form

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____

Type of Membership: (Please check one)

- 1. INDIVIDUAL RENEWAL (\$35.00) _____
- 2. INDIVIDUAL NEW (\$30.00) _____
- 3. FAMILY (\$60.00) _____

Name of additional family member(s): _____
(please have all family members sign the Release of Liability waiver)

Payment method: (check one)

- Check / Cash: _____
- Paid online at www.BikeReg.com: _____

In what ways would you like to participate in/with the club?

(examples: Group road riding, mountain biking, racing, cyclocross, triathlons, board member/committee, fundraising, social (parties or informal), cycling trips/events, youth development etc)

What events/activities would you like to see the club offer?

Please send the completed application, signed waiver form and check to:

Cape Cod Cycling Club
PO Box 2514
Hyannis, MA 02601

(Payment may also be made online at www.BikeReg.com, however an application and signed waiver form must still be completed and received by the club)

WAIVER AND RELEASE OF LIABILITY

Please READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Cape Cod Cycling Club Inc. program, its related events and activities, _____, the undersigned, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS (name of organization) and USA Cycling, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/LEGAL GUARDIAN SIGNATURE (print name)