

WILLIAMSBURG AREA BICYCLISTS MEMBERSHIP APPLICATION

New or Renewal (circle one)

Please print each name as it should appear on the membership card. If family give ages of children after each name

Name(s): _____

Name(s): _____

Address: _____

City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Type of Membership:

- Individual (1 year) - \$25
- Family (1 year) - \$30
- College Student (1 year) - \$15
- Individual (2 year) - \$45
- Family (2 Year) - \$55

Please do NOT give my name to other bicycling organizations.

Reasons for joining:

- Become a better cyclist
- Socialize
- Ride with others
- Improve my fitness
- Support bicycle routes
- Learn about nutrition
- Learn bicycle maintenance
- Receive discounts
- Other _____

Your riding preferences:

Distance (miles):

Road

Off-Road

- less than 10
- 10-25
- 30-45
- more than 45

Speed:

- less than 10 MPH
- 10-14 MPH
- 15-17 MPH
- 18+MPH

Please check any of the following areas which may be of interest to you:

- Leading Rides
- Advocacy
- Serving as an Officer
- Assisting with Special Events
- Assisting with the Newsletter
- Contacting Members
- Serving on a Committee
- Web Page Support
- Providing Sag Support
- Conducting Bike Rodeos
- Participating in a Speakers Bureau
- Other _____

Please sign Release Form and mail with check to:

Williamsburg Area Bicyclists, PO Box 2222, Williamsburg, VA 23187-2222 **Williamsburg Area Bicyclists**

Release Form and Liability Waiver

Important: This is a legal document. Please read and understand before signing. If you have any questions, consult an attorney. In consideration of being permitted to participate in any way in Williamsburg Area Bicyclists, Inc. ("club") sponsored activities

("activities") I, the undersigned, freely acknowledge and realize the dangers of participating in the activities and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other riders, and/or fixed or moving objects, the negligence of other riders, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility' of physical and/or mental trauma (or injury). I understand that any route or activity chosen as part of our outdoor adventure may not be the safest, but has been chosen for its interest or challenge. I understand that the route requires bicycling on public roadways and in bad weather and that cyclists have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or others' responsibility. I further agree that I will bear all expenses incurred in any such accidents. I realize the activities require physical conditioning and I represent that I am in sound medical condition. I have no physical or medical impediment which would endanger myself for others. I understand and agree that a situation may arise during an activity which may be beyond the control of the sponsors, promoters, or organizers and agree to ride so as not to endanger either myself or others. I will wear an ANSI or SNELL certified helmet when riding a bike during the club rides. I will obey all applicable traffic laws and regulations. I understand if I leave the route, I am no longer on the ride. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against the sponsors and promoters of the club, or other sponsors or affiliated organizations and their respective agents, officers, and employees for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participation in the activities. The above agreements and representations are my express understandings of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle.

Date: _____

Signature(s): _____

Printed Name(s): _____

PARENT/GUARDIAN RELEASE

Everyone under eighteen (18) years of age must have the following completed:

I as parent or guardian of the above named minor hereby give my permission and consent voluntarily and freely for my child to participate in the club activities. I further agree individually and on behalf of my child to the above terms after having fully read the "Release and Liability Waiver."

Signature(s): _____ (parent or guardian)