

North Carolina Bicycle Club, Inc
Fall Rally Registration Form

Name: _____ Age: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F NCBC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ City: _____ State: _____ Zip: _____ E-mail address: _____ Phone : _____ <input type="checkbox"/> home <input type="checkbox"/> cell Emergency contact: _____ Phone: _____ Event: <input type="checkbox"/> 72 miles <input type="checkbox"/> 52 miles <input type="checkbox"/> 39 miles <input type="checkbox"/> 22 miles	Registration NCBC members: \$30 Non-members: \$35 Membership (if joining): \$15 Make check payable to NCBC
	<u>Registration Use Only</u> <input type="checkbox"/> Cash <input type="checkbox"/> Check (# _____) Total received: \$ _____ <input type="checkbox"/> New/Renewing member

All Registrants **must** read and sign the waiver form below.

**LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB")
 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
 AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in **North Carolina Bicycle Club, Inc.** ("Club") Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 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.
- 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.
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, Carolina Brewing Company, Wilsonville General Store, Valero Gas Station, Sky Mart, 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.

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.

 Signature of participant

 Date

MINOR RELEASE

And I, the Minors parent and/or legal guardian, understand the nature of bicycling activities and the Minor's experience and, capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such Activity. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S from all liability claims, demands, losses, or damages on the Minor's 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 further agree that if, despite this release, I, the Minor, or anyone on the Minor's behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

 Printed name of parent/guardian

 Signature of parent/guardian

 Date

Membership Application

Complete this section if you are joining or renewing your membership

I am interested in: (please check all that apply)

<u>Ride types:</u>	<u>Miles per trip</u>	<u>Average speed (mph)</u>
<input type="checkbox"/> Day rides	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> 10 to 12
<input type="checkbox"/> Touring	<input type="checkbox"/> 10 to 20	<input type="checkbox"/> 12 to 14
<input type="checkbox"/> Commuting	<input type="checkbox"/> 20 to 30	<input type="checkbox"/> 14 to 16
<input type="checkbox"/> Tandem riding	<input type="checkbox"/> 30 to 40	<input type="checkbox"/> 16 to 18
<input type="checkbox"/> Mountain bike rides	<input type="checkbox"/> 50 to 100	<input type="checkbox"/> 18 to 20
<input type="checkbox"/> Overnight rides	<input type="checkbox"/> 100+	<input type="checkbox"/> 20+

I am interested in assisting with: (please check all that may apply)

<input type="checkbox"/> Leading day rides	<input type="checkbox"/> Educational programs	<input type="checkbox"/> Newsletter mailing
<input type="checkbox"/> Leading overnight rides	<input type="checkbox"/> Newsletter articles	<input type="checkbox"/> Social events
<input type="checkbox"/> Driving SAG wagon	<input type="checkbox"/> Newsletter artwork	<input type="checkbox"/> Group cooking
<input type="checkbox"/> Meeting presentations	<input type="checkbox"/> Newsletter keying/layout	<input type="checkbox"/> Club officer

Occupation
Interests
Suggestions

WAIVER: In consideration of your allowing me to participate in North Carolina Bicycle Club rides and events, I, intending to be legally bound, release and discharge any and all claims for damages, death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result in my participation in Club rides and events. This waiver/release is intended to discharge in advance the North Carolina Bicycle Club, Inc., its officers, ride leaders, and members from and against any and all liability arising out of or connected in any way with my participation in Club rides and events, even though that liability may arise out of negligence or carelessness on the part of the North Carolina Bicycle Club, Inc., its officers, ride leaders, and/or members.

I further understand that serious accidents occasionally do occur on bicycle rides and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the North Carolina Bicycle Club, Inc., its officers, ride leaders, and members who (through negligence or carelessness) might otherwise be liable to me for damages or injuries. It is further understood and agreed that this waiver, release and assumption of risk is binding on my estate, my heirs, and assigns.

Signature	Date
Signature of Parent or Guardian (if applicant is under 18 years of age)	