

# SWBCC MEMBERSHIP APPLICATION 2016 - 2017

One form per member  
Complete *all* fields

Annual Adult Membership: \$30  
2<sup>nd</sup> Adult Member residing at same address: \$25

**PLEASE PRINT CLEARLY**

Please check one of the following: \_\_\_\_\_ I AM ENCLOSING A CHECK MADE OUT TO SWBCC  
\_\_\_\_\_ I PAID ONLINE AT WWW.SWBCC.ORG/MEMBERSHIP

NAME (PRINTED): \_\_\_\_\_  
First M.I. Last

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## SWBCC MEMBER AGREEMENT:

- I am aware of the inherent risks in participating in a bicycling event, and I assume all responsibility for my own safety.
- I have no physical or medical condition which would endanger myself or others if I participate in club events, or would interfere with my ability to safely participate in club events.
- I understand that SWBCC requires bicycle helmets to be worn by all participants, in all SWBCC events while operating bicycles and that there is no exception to this requirement.
- I agree to wear a bicycle helmet at all times during SWBCC bicycle events when I am riding a bicycle.
- I agree to obey all traffic laws at all times during any SWBCC event.
- I consent to and permit emergency medical treatment in the event of injury or illness.
- I give full permission for the use of my name and photograph in connection with an SWBCC event.

**I HAVE READ THE SWBCC MEMBER AGREEMENT**

Initial

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## MEMBER'S SIGNATURE

(only if age 18 or over): \_\_\_\_\_

**SIGN both sheets, Write a check to SWBCC or Pay On-line then Mail completed forms, to:**

Southwest Bicycles Cycling Club

C/O Teresa Filleman ~ 6333 W. Range Mule Dr. ~ Phoenix, AZ 85083

OR Drop off your completed form and waiver at SouthWest Bicycles – Peoria

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT ("Agreement") for LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")**

IN CONSIDERATION of being permitted to participate in any way in **Southwest Bicycles Cycling Club** ("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 conditions 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 may incur as a result of my participation in the Activity.**

**3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the Club, the LAB, its 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 Releases, 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 AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S NAME

(PRINTED): \_\_\_\_\_  
First M.I. Last

**PARTICIPANT'S SIGNATURE** **I HAVE READ THIS RELEASE**  
**(only if age 18 over):** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_