

# ABC MEMBERSHIP APPLICATION

Membership in the Aiken Bicycle Club is open to everyone, although children under 16 years of age must be accompanied by a responsible adult. Annual membership fees are \$30 for families and \$20 single. Membership is for one year and starts January 1st. To join, each member must read and sign the waiver and mail it along with a check to the **Aiken Bicycle Club, P.O. Box 2073, Aiken, SC 29802**

IN CONSIDERATION of being permitted to participate in any way in Aiken Bicycling 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 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 to 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 ECONOMIC LOSSES either not known to me or 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 in the Activity.

**3. HEREBY RELEASE, DISCHARGE, AND CONSENT NOT TO SUE** the Club, the League of American Bicyclists, their respective administrators, directors, agents, officers, 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 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.

**ABC members are required to wear helmets during all club sponsored rides.**

Date: \_\_\_\_\_

Print Name #1: \_\_\_\_\_

Print Name #2: \_\_\_\_\_

Signature #1: \_\_\_\_\_

Signature #2: \_\_\_\_\_

Address: \_\_\_\_\_

New Membership: \_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_

Membership Renewal: \_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I consent to the publication of my name, Address, phone number and e-mail address in the Aiken Bicycle Directory for distribution to club members only.

Your E-mail Address: \_\_\_\_\_