



# Salem Bicycle Club

## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(if under 18)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(if under 18)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(if under 18)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Optional:  
 Phone: (\_\_\_\_) \_\_\_\_\_ LAB No: \_\_\_\_\_  
(League of American Bicyclists)

E-Mail Address: \_\_\_\_\_

New Individual - \$15  
(LAB Member - \$14)

Renewal Family - \$20  
(LAB Member - \$19)

Number in family included in SBC membership:  
 Adults \_\_\_\_ Minors (under 18 years) \_\_\_\_

Please check below if you are interested  
 in **volunteering** for an SBC activity:

Awards Banquet	Newsletter
Board of Directors	Rides Committee
Monster Cookie	Ride Coordinator
Peach of a Century	

Please check if you want any of the following omitted from the annual Membership Directory:

Name	Address	Phone number	E-mail address
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**Please sign the release on the second page and return both pages!  
 We cannot honor your membership request without a signed release.**

**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 the SALEM BICYCLE 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 incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club, its administrators, directors, agents, officers, members, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leasers of premises on which the Activity take 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.

\_\_\_\_\_  
Participant's Signature  
*(age 18 or older)*

\_\_\_\_\_  
Participant's Signature  
*(age 18 or older)*

\_\_\_\_\_  
Participant's Signature  
*(age 18 or older)*

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

AND I, THE PARENT AND/OR LEGAL GUARDIAN OF THE MINOR(S) IDENTIFIED BELOW, understand the nature of Bicycling Activities and the experience and capabilities of each of the minors and believe the minors to be qualified 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 RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINORS' 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, ANY OF THE MINORS, OR ANYONE ON THE MINORS' 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.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Participant's Printed Name  
*(age under 18)*

\_\_\_\_\_  
Participant's Printed Name  
*(age under 18)*

\_\_\_\_\_  
Participant's Printed Name  
*(age under 18)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Mail the completed application form and check to:  
Salem Bicycle Club, P.O. Box 2224, Salem, OR 97308**