

PEQUOT Cyclists

A MEMBER CLUB OF THE LEAGUE OF
AMERICAN BICYCLISTS



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RENEWAL

NEW MEMBER

NAMES: _____
(Last name - as desired for mailing label) (Family first names)

NAMES: _____
(Other last name at same address) (first name)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: _____ **e-mail ADDRESS:** _____

We will send our newsletter as well as schedule changes via the internet. Please advise us when you change e-mail service! Send change to "pequotcyclists2@gmail.com". No e-mail -- we'll send a newsletter to your address above.

ADDITIONAL INFORMATION

YES NO Are you a member of The League of American Bicyclists ?

YES NO Include me (us) on the town, telephone, and e-mail directory for membership use.

YES NO Include me (us) on the bike shop mailing list. (Telephone and e-mail not provided).

YES NO Include me (us) when mailing labels are provided for cycling related charity events.

CLUB SUPPORT INTEREST -- Please circle the activities or functions in which you would be able to help.

PLANNING RIDES RIDE LEADER NEWSLETTER REST STOP CREW SAG WAGON TIME TRIAL
SPECIAL EVENT PLANNING KAYAK/CANOE WINTER HIKES CROSS COUNTRY SKIING/SNOW SHOE
GENERAL VOLUNTEER (I really want to help, but I'm not sure how) OTHER _____

CYCLING INTEREST (circle one or more): SOCIAL RIDES (8 -15 miles) SHORT RIDES (15 - 25 miles)

MEDIUM RIDES (25 - 50 miles) LONG RIDES (50 - 100 miles) COMPETITION (Time Trial - Road Race - Criterium) OFF ROAD

SINGLE MEMBERSHIP FEES: One year \$25.00 ___ Two year \$40.00___ Three year \$55.00 ___

For each additional member at the same address, please add \$4.00 per year.

Note: All memberships expire in January of the appropriate year.

HALF YEAR RATE: Join after July 1st \$15 ___ (Applies to new members only).

New members joining after October 15th (at the full rate) will be carried through to the following year.

Active Duty Military Personnel Free: ARMY___NAVY___AIR FORCE___MARINE___COAST GUARD___
(family members included)

PLEASE MAKE CHECKS PAYABLE TO "PEQUOT CYCLISTS". AFTER COMPLETING BOTH SIDES MAIL WITH CHECK

TO: PEQUOT CYCLISTS SPACE FOR COMMENTS: _____
C/O D. E. REED
10 SURREY LANE
NIANTIC, CT, 06357-1318

(Please complete opposite side -- The release must be signed and dated)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY
AND PARENTAL CONSENT AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in PEQUOT CYCLISTS ("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. AGREE TO PROVIDE AND WEAR an ANSI or Snell approved BICYCLE HELMET on ALL bicycle riding activities of the club.

3. 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 in the Activity.

4. HEREBY RELEASE, DISCHARGE, AND COVENANT 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 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.

PRINTED NAME OF PARTICIPANT: _____

ADDITIONAL FAMILY MEMBERS: _____

IF ANY LISTED ABOVE ARE 17 YEARS OR YOUNGER THE RELEASE FOR MINORS PROVIDED ON THE OPPOSITE SIDE OF THIS APPLICATION MUST BE COMPLETED BY THE PARENT AND/OR LEGAL GUARDIAN.

PARTICIPANT'S SIGNATURE : _____ DATE: _____
(only if age 18 or over)

ADDITIONAL FAMILY SIGNATURE : _____ DATE: _____
(only if age 18 or over)

ADDITIONAL FAMILY SIGNATURE : _____ DATE: _____
(only if age 18 or over)

PARENT OR GUARDIANS RELEASE FOR MINOR MEMBER (for participant(s) age 17 or under)

AND I, THE MINOR'S 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 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: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: _____

PARENT/GUARDIAN SIGNATURE : _____, DATE: _____