Annapolis Bicycle Club

Membership Application and Renewal Form

Mail to: Annapolis Bicycle Club, P.O. Box 224, Annapolis, MD 21404

In consideration of accepting application for membership and being permitted to participate in any way in the activities of the Annapolis Bicycle Club, ("ABC"), I/WE, for myself/ourselves, my/our personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree and represent that I/we understand the nature of Bicycling Activities and that I/we am/are qualified, in good health, and in proper physical condition to participate in such activities. I/we further acknowledge that certain of the activities will be conducted over public roads and facilities open to the public during the activities and upon which the hazards of traveling are to be expected. I/we further agree and warrant that if at any time I/we believe conditions to be unsafe, I/we 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/our 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/us or not readily foreseeable at this time; and I/we fully accept and assume all such risks and all responsibility for losses, costs and damages I/we incur as a result on my participation in the activities of ABC.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE ABC, their administrators, directors, agents, officers, volunteers, and employees, other participants, and sponsors, advertisers, and, if applicable, owners and lessors of premises on which activities 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/we further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I/we, or anyone on my/our behalf, makes a claim against any of the RELEASEES, I/we 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/we have read this agreement, fully understand its terms, understand that I/we 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

TYPE OF MEMBERSHIP (Check one and circle fee) FAMILY - Annual Fee: $30 email newsletter
SINGLE – Annual Fee: $20 email newsletter

Membership Year runs from March 1 to February 28. New membershiips begun between November 1st and February 28th terminate at the end of February and are half price.

NAMES AND SIGNATURES OF APPLICANTS OVER AGE 18:

Name_____Signature_____Date_____

Name_____Signature_____Date_____

Address_____City,State_____ZIP_____

email Address_____Phone_____