



Beeville Stingers Bicycle Club



Membership Registration Form & Waiver

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____ Emergency Phone: _____

The following statement must be READ AND SIGNED for me to join BEE Bicycle Club: I ACKNOWLEDGE that cycling is an inherently dangerous sport, fully realize the dangers of participating in cycling and **FULLY ASSUME** the risks associated with such participation including, by way of example, and not limitation, the following: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate equipment, the released parties' own negligence and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with cycling. For myself, my heirs, assigns, and successors in interest (collectively "Successors")

I HEREBY WAIVE, RELEASE, HOLD HARMLESS, AND PROMISE NOT TO SUE AND INDEMNIFY BEE Bicycle Club, its officers, directors, members, and any other individual, organization or entity participating in, assisting with or promoting BEE Bicycle Club, rides, social activities, and other events, collectively ("the events") and their respective agents (collectively, the "Released Parties") from any and all rights and claims including claims arising from the Released Parties' own negligence, which I have or which may hereafter accrue to me from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in the events, or travel or return from the events.

I AGREE it is my sole responsibility to be familiar with and to obey the rules of the road and any special regulations. I understand and agree that situations may arise during the events which may be beyond the immediate control of the Released Parties. I accept responsibility for the condition and adequacy of my equipment. I acknowledge that I have been advised that wearing a helmet that may protect against serious head injury, and assume all responsibility and liability of the selection of such a helmet as well as the proper sizing and adjustment of the helmet. I have no physical or medical condition which to my knowledge, would endanger others or myself if I participate in the events, or would interfere with my ability to participate in the events.

I AGREE, for myself and my successors, that the above representations are **CONTRACTUALLY BINDING**, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the Released Parties in defending, unless the other party or parties are finally adjudged liable on such a claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as modification of any other provision herein or as consent to any other provision herein as consent to any subsequent waiver of modification.

Member's Signature: _____

Date: _____ Dues: Individual \$20 / Family \$30 paid annually

Parent or Legal Guardian Signature if Member is under age 18

