



The Information Hub for Southeastern Cyclists!

MEMBERSHIP APPLICATION (please print or write legibly)

Name(S) _____ Ages (if under 18) _____
Address _____ City _____ State _____ Zip _____
Phone (H) _____ (Cell) _____ E-Mail _____
Emergency Contact _____ Phone(H) _____ Phone(C) _____

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	2 Year option	<input type="checkbox"/> Family (\$30)	<input type="checkbox"/> Individual (\$20)
		3 Year option	<input type="checkbox"/> Family (\$80)	<input type="checkbox"/> Individual (\$54)

My cycling interests: (check & circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Day rides: Sat.am Sun.am Sun.pm
Weekday morning (M T W Th F)
Weekday evening (M T W Th F)
Distance range _____ miles
Pace range _____ mph | <input type="checkbox"/> Tandem Rides
<input type="checkbox"/> Family Rides
<input type="checkbox"/> Social events(Suggestions _____) |
| <input type="checkbox"/> Touring (including overnight tours) | <input type="checkbox"/> Commuting |
| <input type="checkbox"/> Quarter, half, 100K and full centuries) | <input type="checkbox"/> Advocacy and/or legislation |

I will support the club objectives by assisting with : (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Club officer | <input type="checkbox"/> Greenways & trails projects |
| <input type="checkbox"/> Leading day rides | <input type="checkbox"/> Community service projects (cycling related) |
| <input type="checkbox"/> Cue sheets, maps & routes | <input type="checkbox"/> Adopt-a-Highway project |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Website articles |
| <input type="checkbox"/> Social events(Club meetings, picnics.
parties, etc.) | <input type="checkbox"/> Driving sag wagon |
| <input type="checkbox"/> Special bike events (e.g. special rides,
festivals. etc | <input type="checkbox"/> Bicycle mechanics |
| <input type="checkbox"/> Advocacy, legislation | <input type="checkbox"/> Cycling education programs |
| | <input type="checkbox"/> Audio-Visual presentations |
| | <input type="checkbox"/> Photography |

Send completed registration form \$ signed liability waiver (over) & check made out to Cape Fear Cyclists to: Cape Fear Cyclists, 4408 Wrightsville Ave., Wilmington, N.C. 28403

For inquiries and membership information, write: president@capefearcyclists.org or membership@capefearcyclists.org

Cape Fear Cyclists
Membership Application Liability Waiver

Please fill out the form on reverse side, read & sign this liability waiver.

Send completed application & check to:

Cape Fear Cyclists, 4408 Wrightsville Ave., Wilmington, NC 28403

Waiver: IN CONSIDERATION of being permitted to participate in any way in Cape Fear Cyclists 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 VIRAL INFECTIONS, BACTERIAL INFECTIONS AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, 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, AND COVENANT NOT TO SUE the Club, the LAB, its respective administrators, directors, agents, officers, members, 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 AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Parent or Guardian: (if under18) _____