

Fredericksburg Cyclists Club (FCC) Membership Application

Please print out this form, complete and sign it, make check payable to **FCC** and mail to:

Fredericksburg Cyclists
P.O. Box 7844 Fredericksburg,
VA 22404

Please allow 4-6 weeks for processing.

NOTE: **Waiver of Liability** must be signed and dated (on page 2) in order to activate membership.

The membership term extends for one year from date of application.

\$15 Annual Dues for **Individual Membership** (Individual at least 18 years of age)
\$20 Annual Dues for **Family Membership** (For parents and children under 18 years of age)
\$10 Annual Dues for **Student Membership** (Full time College or High School Students)

New Member Renewal Individual Family

Date _____

Printed Individual Name _____

Printed Name of Other Adult (if family) _____

Printed Name of Dependents (if family): _____

Address _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Cell Phone: _____

Work Phone _____

Email address (optional): _____

Information will be shown on a members only directory unless you request

Restrict e-mail Restrict Home Phone Restrict Cell Do not show Address

(Note: Information will be released to other club members unless specifically requested to be restricted. Otherwise it is only used to send out club news and information about rides and events.)

LEAGUE OF AMERICAN WHEELMEN, D/B/A 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 Fredericksburg Cyclists 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 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 or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE the CLUB, the LAB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the 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 occur as a result of this claim.
4. I CONSENT TO EMERGENCY MEDICAL TREATMENT IF I AM INJURED.

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 the Participant: _____

Print Address: _____

Phone: _____

Participant's Signature (only if age 18 or older):

_____ I HAVE READ THIS RELEASE Date:

Date _____

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, in good health, and in proper physical condition 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 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: _____

Print Address: _____

Phone: _____

Parent/Guardian Signature (required only if participant is under the age of 18):

_____ I HAVE READ THIS RELEASE Date:
