

2010 Cheese & Wine Registration

Sunday, October 10, 2010

Please check (✓) desired route		Fee by 10/1	After 10/1
<input type="checkbox"/>	106 mile route	\$50	\$60
<input type="checkbox"/>	100 km route	\$40	\$50
<input type="checkbox"/>	25 mile route	\$30	\$40
<input type="checkbox"/>	Family of 3+ on the 25 mile route	\$40	\$50
<input type="checkbox"/>	T-Shirts by pre-order only! (circle) SM MED LG XL	\$15	\$20
TOTAL		\$	\$

NAME _____

ADDRESS _____

CITY / STATE / ZIP _____ PHONE _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE _____

Send application and check payable to SCBC:
 Stanislaus County Bicycle Club
 c/o John Field, DDS
 817 Coffee Road, Ste A-2
 Modesto CA 95355

Additional Names for 3+ riders on 25 mile route _____

Additional Names for 3+ riders on 25 mile route _____

Additional Names for 3+ riders on 25 mile route _____

League of American Wheelmen dba League of American Bicyclists (LAB) Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement (Agreement) **IN CONSIDERATION** of being permitted to participate in any way in Stanislaus County Bicycle Club (Club) sponsored **Bicycling Activities (Activity)** I for my 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**.
 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 "RELEASES" 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, 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 "RELEASES" 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 "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION**; 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 **RELEASES**, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES** 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 OF 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.**

Participant's Signature (18 yr. and under, signed by Parent or guardian) _____ Printed Name _____ Date _____

Participant's Signature (18 yr. and under, signed by Parent or guardian) _____ Printed Name _____ Date _____