

APPLICATION FOR MEMBERSHIP

(please print)

Name #1 _____ Name #2 _____

#1 Birthday _____ #2 Birthday _____

Address: _____ City: _____ Zip: _____

Phone number in our Roster? YES NO Phone number: _____

E-mail address in our Roster? YES NO Email address: _____

- Please indicate your membership type.
 New Member or Renewal Family or Individual

- Please indicate what distance, pace and type of riding interest you most:

Distance (Miles):

Name #1 0-20 21-40 41-60 61+ 100+
Name #2 0-20 21-40 41-60 61+ 100+

Paces:

Name #1	Name #2
<input type="checkbox"/> Leisurely (10-12 mph)	<input type="checkbox"/> Leisurely (10-12 mph)
<input type="checkbox"/> Moderate (13-15 mph)	<input type="checkbox"/> Moderate (13-15 mph)
<input type="checkbox"/> Brisk (16-18 mph)	<input type="checkbox"/> Brisk (16-18 mph)
<input type="checkbox"/> Fast (19+ mph)	<input type="checkbox"/> Fast (19+ mph)

Type of Riding:

Name#1	Name#2
<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Road Biking	<input type="checkbox"/> Road Biking
<input type="checkbox"/> Tandem	<input type="checkbox"/> Tandem
<input type="checkbox"/> Overnight Tours	<input type="checkbox"/> Overnight Tours

- * Do you have minor children who will riding?
 YES NO

COMPLETE, SIGN & MAIL TO:
John Field, DDS
Attn: Membership Director
817 Coffee Road, Suite A-2
Modesto, CA 95355

*** MEMBERSHIPS RUN FROM APRIL TO APRIL**

New Memberships are calculated as follows:

Single Memberships:

Join in Jan. thru June, pay \$25.00 (to April of next year)
Join in July thru Sept. pay \$20.00
Join in Oct thru Dec., pay \$15.00

Family Memberships: (2+ members of a family)

Join in Jan. thru June, pay \$35.00 (to April of next year)
Join in July thru Sept, pay \$25.00
Join in Oct. thru Dec. pay \$15.00

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 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 maybe 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 PRINTED NAME DATE PARTICIPANT'S SIGNATURE PRINTED NAME DATE

1) _____

2) _____