SPOKANE BICYCLE CLUB MEMBERSHIP APPLICATION FORM

Membership is good for one year from the month you join.

Name:_____**Email:** _____

Name:_____**Email:**_____

Address:_____

City:_____**State:**_____**Zip:**_____

Home Phone:_____**Cell Phone(s):**_____

(SBC does not share or sell personal contact information to outside organizations)

Membership

___New ___Renewal
___Individual $20
___Family $25
___Printed Newsletter – add $20
___Wednesday Women ride/hike

_____Total

Interests

___Ride leader
___bike commuting
___bike safety
___bike touring
___meeting/social events
___bike advocacy
___events/program
___Scenic Tuesday rides

Bike Waiver

In consideration of being permitted to participate in any way in Spokane Bicycle Club ("Club") sponsored activities ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin: Acknowledge, agree and represent that I understand the nature of bicycling Activity 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 the conditions to be unsafe, I will immediately discontinue further participation in the Activity. Fully understand that: (a) bicycling Activity involves 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 responsibility for losses, costs and damages I incur as a result of my participation in the Activity. Hereby release, discharge and covenant not to sue the Club, the League of American Bicyclists, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, any advertisers, and, if applicable, owners and lessors of the premise 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 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. The foregoing applies to all club activities whether or not they involve riding a bicycle.

_____ _____
Signature **Date**

_____ _____
Signature **Date**

Desired Ride Types
___ beginner pace-instructional
___ Social Pace: 10 – 12 mph
___ Fitness Pace: 12 – 18 mph

(Each adult family member must sign. Parent or legal guardian must sign if participant is under 18 Years)

Send form with check to: **Spokane Bicycle Club**
P.O. Box 8802
Spokane, WA 99203