## **Bonita Bay Bicycle Club**

## **Membership Form**

Membership in the BBBC is open to all interested Bonita Bay Residents and to a limited number of Non-Residents as detailed in the BBBC By-Laws. Member dues are \$25 per rider per year. Membership dues are payable upon first joining the BBBC and annually thereafter on October 1.

Complete the Membership Form below and the Release and Waiver.

Mail, with a check, payable to "The BBBC," to the Club Treasurer:

Noreen Harrington 3331 Crossing Court #501 Bonita Springs FL 34134

Name: (please prin	t):		
Local Address: _			
Cell Phone:		Land Line:	
Email:			
	:		
Date:			

## **Bonita Bay Bicycle Club**

## Release and Waiver of Liability, Assumption of Risk and Indemnity

IN CONSIDERATION of being permitted to participate in any way in The Bonita Bay Bicycle Club sponsored Bicycling Activities ("Activity")

I, for myself, my personal representatives, assigns, heirs and next of kin:

- I. 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, AND 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 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 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.

Signature:	Date:	
Print Name:		
Emergency Contact:		
Name:	Phone:	
the guidelines published as "(	icate that you have read and intend to comply Our Safety Program" on the BBBC website.	
	Parental Consent Agreement	
MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PA FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MI	ERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES  PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVEN  (ACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE N IT BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE ( OR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME HE RELEASEES FROM ANY LITIGATION EXPENSES, A HORNEY FEES, LOSS LIABILITY, DAMAGED	IANT NOT TO SU MINOR'S ACCOUN OPERATIONS AN ED ABOVE, I WIL
Signature:	Date:	
Print Name:		