

Central Valley Wheelers Bicycle Club
Membership Application 2009

BICYCLE HELMETS MUST BE WORN ON ALL RIDES

PLEASE PRINT: Name of Club Member who suggested I join _____

Today's Date: _____

Name of Applicant: _____

Name of Co-Applicant: _____

Address: _____

City _____ State _____ ZIP _____

Telephone Home: _____ Work: _____ Cell: _____

Email: _____

Additional Email (optional): _____

Any member under the age of 14 must be accompanied by an adult on all rides unless they have the ride leader's permission and a signed authorization form is on file with the club. Authorization forms are available from the club secretary (info@valleywheelers.org).

Email is the primary method of communication within our club. Normally your name and email address would be included in a club mailing list where members post messages to the group. If you wish to opt-out of this mailing list just check the box below. You will receive occasional email from the club secretary even if you check the box.

I DO NOT want to receive email from members posting to the club mailing list.

I understand that bicycle helmets must be worn by all cyclists on all club rides.

Signature of Applicant

I am a **NEW** member. Enclosed is:

\$30 for a **new** INDIVIDUAL membership (\$20 after July 31)

\$40 for a **new** FAMILY membership (\$25 after July 31)

The membership year ends December 31, 2009.

Please make check payable to: **Central Valley Wheelers Bicycle Club**

Please mail application, liability waiver, and payment to:

Central Valley Wheelers Bicycle Club
P.O. Box 503
Tracy, CA 95378

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”) for LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS (“LAB”)

IN CONSIDERATION of being permitted to participate in any way in CENTRAL VALLEY WHEELERS 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. 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 travelling 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 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 AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

ADULT PARTICIPANT'S SIGNATURE (only if age 18 or over)	ADULT PRINTED NAME	DATE SIGNED
I HAVE READ THIS RELEASE Signature _____	Printed Name _____	Date _____
I HAVE READ THIS RELEASE Signature _____	Printed Name _____	Date _____
I HAVE READ THIS RELEASE Signature _____	Printed Name _____	Date _____
I HAVE READ THIS RELEASE Signature _____	Printed Name _____	Date _____

MINOR RELEASE

(complete for Participants Under the Age of 18)

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 RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 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.

MINOR PARTICIPANT'S SIGNATURE	MINOR'S PRINTED NAME	BIRTH DATE
I HAVE READ THIS RELEASE Signature _____	Printed Name _____	Birth date - -
I HAVE READ THIS RELEASE Signature _____	Printed Name _____	Birth date - -
I HAVE READ THIS RELEASE Signature _____	Printed Name _____	Birth date - -

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ I HAVE READ THIS RELEASE

DATE: _____

Central Valley Wheelers Bicycle Club

Membership Questionnaire 2009

To improve the club and offer the activities desired and best suited to our members we ask you to fill out the following short survey each year.

Place a mark in the box by all that apply to you.

Reasons for joining:

- Socialize
- Learn bicycle maintenance
- Receive discounts
- Improve my fitness
- Become a better cyclist
- Train for a specific cycling event
- Ride with others
- Ride as a group in nearby events
- Support bicycle routes
- Other _____

Riding preferences:

- Road
- Off-Road (Mountain)
- Racing

Average distance per ride:

- Less than 10
- 10 to 25 miles
- 25 to 45 miles
- More than 45 miles

Average speed:

- Less than 10 mph
- 10 to 14 mph
- 15 to 18 mph
- 18 to 22 mph
- More than 22 mph

Check any which may interest you:

- Leading rides
- Contacting members
- Serving as a club officer
- Contacting businesses
- Assisting with a newsletter
- Assisting with special events
- Providing SAG support

List the large organized rides you enjoyed last year:

List the large organized rides you're planning on riding this year:

Other comments and suggestions to improve the club:
