Clear Form

Instructions - Fill out the top section of this form using Acrobat, print it, sign it, then mail it and your check to the address listed below.

Print Form

SACRAMENTO BIKE HIKERS MEMBERSHIP APPLICATION

◯ New Membership ◯ Renewal

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____ Date of Birth: _____

E-Mail Address: _____

Would you be willing to volunteer to help lead rides? ☐

Could you help on club events? ☐

Are you a beginning rider? ☐

Check if you **do not want** a **Ride Schedule** mailed to you Quarterly: ☐

Make checks payable to: SACRAMENTO BIKE HIKERS

(Club apparel not included in membership fees)

Type of Membership:

	One Year	Two Years
Individual	◯ $15	◯ $30
Family	◯ $20	◯ $40

Family Membership

(2 adults & children under 18 living in the same household)

Member Names	Birthdate

Mail application and check to:

Sacramento Bike Hikers
P O BOX 16393
Sacramento, CA 95816-0393

Release and Waiver of Liability, Assumption of Risk, and Indemnity & Parental Consent Agreement ("Agreement")

In consideration of participating in Sacramento Bike Hikers ("Club") sponsored Bicycling Activities ("Activity"), I for myself, my personal representatives, assignees, 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 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 Further 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 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 League of American Bicyclists, 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 "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 operation; and I further agree that if, despite this release and waiver of liability, 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 a result of such claim.

I have read the 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, not withstanding, shall continue in full force and effect.

Please read the waiver and sign below

Signature of applicant: _____ I HAVE READ THIS WAIVER _____ Date: _____

Signature of other applicant: _____ I HAVE READ THIS WAIVER _____ Date: _____

Signature of Parent/Guardian*: _____ I HAVE READ THIS WAIVER _____ Date: _____

*if member is under 18