

Cache Valley Veloists Bicycle Touring Club

2010 Membership Application

Please complete this form and **sign the release on the reverse side.**
Mail the completed form and membership fee to the address below.

Last Name:		First Name:	
Address:			
City:	State:	Zip:	
Home Phone:		Other Phone:	
Email:			
For Family Memberships: List names of family members 14 and over			
Name:		If minor child, age:	
Emergency Contact: (name)		(phone)	

You will receive club news and updates to the ride schedule at the email address you listed above. The most current schedule is also available on the CVV website (www.cvveloists.org)

Individual Membership: Individual members are persons 18-years-old or older who are not eligible for Student Membership and who are not part of a Family Membership. Individual members may vote, lead rides, hold office, and receive newsletters and other membership benefits.

Family Membership: Family membership entitles individuals residing at the same address the same privileges as Individual members with the exceptions of only two votes per Family Membership and family members under the age of 18 may not lead rides or hold office. Individuals under the family membership must be at least 14 years old, but younger children are welcome on CVV rides if accompanied by an adult responsible for the child. Only one newsletter per Family Membership.

Student Membership: Student memberships are for university or high school students not part of a Family Membership. Student members under the age of 18 cannot lead rides or hold office, but will receive newsletters and other club benefits.

Please check one: New Member Renewing Member

Membership Category: Individual (\$10) Family (\$15) Student (\$5)

Please enclose a check or money order payable to Cache Valley Veloists and mail to:

Cache Valley Veloists
P.O. Box 3552
Logan, Utah 84323-3552

READ AND SIGN RELEASE ON REVERSE SIDE

Release and Wavier of Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement

IN CONSIDERATION of being permitted to participate in any way in Cache Valley Veloists Bicycle Touring Club sponsored 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 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 Cache Valley Veloists Bicycle Touring Club, their administrators, directors, agents, officers, members, volunteers, and employees, other participans, 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, assumption of risk, and indemnity agreement I, or anyone on my behalf, make 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.

Members 18 years old and over that have read this release and agree to its terms sign below

Print Name	Signature	Date

Print names of members under 18 years old (minors) in the boxes below

MINOR RELEASE

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 releasee's 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 minors 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.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

(by signing above you acknowledge you are the parent/guardian of the minors listed above and have read and agree to this release)

If you have questions please call:

Bob Jardine 752-2253
or
Sean Keenan