



Blue Ridge Bicycle Club Membership Application
The mission of the Blue Ridge Bicycle Club is to promote healthy and fun lifestyles through cycling in Western North Carolina. We accomplish this by providing education, providing cycling opportunities, working with health and fitness organizations, working with existing organizations on their cycling programs, working with governments on their transportation planning, and developing new cycling programs.

Membership Type: (1-Year) Individual \$25.00 ___ Family \$30.00 ___ Student* \$10.00 ___

**Only Full-time Students under 23 years of age*

Donation ** \$ ___ (You are invited to donate an additional amount to support our mission. The BRBC is 501 (c) (3) charitable non-profit and dues and donations are tax deductible to the extent permitted by the IRS.)

Primary Adult Member's Information: (please print clearly)

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Email address: _____ Phone Number: _____

Interests: Road Rides ___ Bike Lane Cleanup ___ Mountain Biking ___
Direct Road Rides ___ Advocacy ___ Volunteer ___ Social Activities ___

Occupation: _____

Why are you joining the club? _____

How did you hear about the club? _____

Additional Family Member Names: (please print clearly)

Name: _____ Name: _____

Name: _____ Name: _____

All members must read the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, provided on the second page of this application. By signing below, you confirm that you have read and agree to the terms of this Agreement.

Signature of Primary Adult Member: _____ **Date:** _____

Signatures of ALL additional family members 15 years and older:

Member: _____ Date: _____ Member: _____ Date: _____

Member: _____ Date: _____ Member: _____ Date: _____

Minors (under 15) must have a parent or legal guardian with them on all BRBC rides.

Please complete this form, sign the release, and mail with appropriate payment to:

BRBC, P.O. Box 309, Asheville, NC 28802 new address: P.O. Box 1540, Skyland, NC 28776

** Financial information about this organization and a copy of its license are available from the State Solicitations Licensing Branch at [919-807-2214](tel:919-807-2214). This license is not an endorsement by the State.

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

Based on the Liability Statement of the League of American Bicyclists

IN CONSIDERATION of being permitted to participate in any way in Blue Ridge 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 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 THE LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity
- 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 THE 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 on 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.

HELMETS ARE REQUIRED ON RIDES FOR ALL PARTICIPANTS.

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, AND 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.