



**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, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement")  
for the **Blue Ridge Bicycle Club**

(this form is to only be used for Individual Adults or for Adults on behalf of Minors)

IN CONSIDERATION of being permitted to participate in any way in **The 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 conditions 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 may incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, its 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 Releases, 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.

PARTICIPANT'S NAME (PRINTED): \_\_\_\_\_

PARTICIPANT'S SIGNATURE (only if age 18 or over): \_\_\_\_\_ **I HAVE READ THIS RELEASE**

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ 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'S NAME (PRINTED): \_\_\_\_\_ BIRTH DATE OF MINOR: \_\_\_\_\_

SIGNATURE OF MINOR PARTICIPANT: \_\_\_\_\_ **I HAVE READ THIS RELEASE**

PARENT/GUARDIAN NAME (PRINTED): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_ **I HAVE READ THIS RELEASE**

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_