



Membership Application

www.sibike.org

<input type="checkbox"/> New SIBA Membership	<input type="checkbox"/> Renewal
<input type="checkbox"/> Individual (\$25.00)	<input type="checkbox"/> Family (\$35.00)

APPLICANT INFORMATION

First Name		Last Name	
Address:			
City:	State:	ZIP Code:	
Email:			Phone:

EMERGENCY CONTACT INFORMATION

Emergency Contact:	Phone:
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CYCLING INFORMATION

I'm interested in the following (*circle all that apply*): ROAD MOUNTAIN RACING

My riding level is (*circle one*): A A- B+ B C Don't Know

Please invite me to join the "SIBA EMAIL EXCHANGE" email list:

Yes No Already a member

SIGNATURES

RELEASE: All applicants MUST sign the release below. In case of family memberships, all adults included must sign. Helmets are required on all club rides.

IN CONSIDERATION of accepting my dues, I for myself, my personal representatives, assigns, heirs, next of kin and executors:

1. ACKNOWLEDGE that Bicycling Activities (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 agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. I also FULLY UNDERSTAND that BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (RISKS) and that these risks and dangers may be caused by the actions or inaction's of myself and/or others participating in the Activity, or caused by conditions in which the Activity takes place, or THE NEGLIGENCE OF THE RELEASEES NAMED BELOW; 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.

2. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the SIBA, the League of American Bicyclists, their respective administrators, directors, agents, 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 OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.

I have read this agreement, fully understand its terms and 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.

Signature of applicant:	Date:
Signature of spouse: <i>(only if for a family membership)</i>	Date:

**Mail to: SIBA Membership
126 Hillcrest Street
Staten Island, NY 10308**

Please make check payable to: SIBA