

Membership Form



JOIN ONLINE or learn more at: www.cherrycapitalcyclingclub.org

Membership Type (Select one)

Individual – For one person who is at least 18 years of age. Includes one login ID with password.	Individual <input type="checkbox"/> 1 yr -\$25 <input type="checkbox"/> 2 yr -\$45 <input type="checkbox"/> 3 yr -\$65
Family - For any family of two or more persons, including children under the age of 21, living at home. Family membership includes two login IDs with individual passwords for two adult family members.	Family <input type="checkbox"/> 1 yr -\$35 <input type="checkbox"/> 2 yr -\$65 <input type="checkbox"/> 3 yr -\$95

Contact Information

First Name		Last Name	
Street Address			
City, State, ZIP			
Home Phone		Cell Phone	
E-Mail Address			
Spouse First Name		Spouse Last Name	
Emergency Contact		Contacts phone	

Riding Interests (Select all that apply)

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Road | <input type="checkbox"/> Mountain / Fat-tire Biking | <input type="checkbox"/> Commuting |
| <input type="checkbox"/> Touring | <input type="checkbox"/> Fixed Gear | <input type="checkbox"/> Weekend Trips |

Volunteering Interests (Select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Board | <input type="checkbox"/> Leelanau Harvest Tour | <input type="checkbox"/> Ride Around Torch |
| <input type="checkbox"/> Ride Leader – Mountain Bike | <input type="checkbox"/> Ride Leader - Road | <input type="checkbox"/> Club Picnic |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Safety & Education | |

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("Agreement") for LEAGUE OF AMERICAN WHEELMAN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB") IN CONSIDERATION of being permitted to participate in any way in Cherry Capital Cycling 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 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 LAB, their 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 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 a 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.

X - Sign here to accept waiver _____

Mailing Address

Send application and check to: Cherry Capital Cycling Club, Treasurer
 P.O. Box 1807
 Traverse City, MI 49685-1807