



MEMBERSHIP APPLICATION OR RENEWAL
Caloosa Riders Bicycle Club www.caloosariders.org
 Please Print Clearly and Read Completely

Name _____ DOB _____

Spouse or Significant other _____ DOB _____

Address _____

City _____ State _____ Zip _____

Primary phone _____ Alternate phone _____

Email _____

Newsletter delivered by email: (postal mail delivery no longer available)

\$20 Family/Household Membership \$15 Single Membership

New or renewing member ?	
<input type="checkbox"/>	New Member
<input type="checkbox"/>	Renewing Member

Check website for dues rate if joining after September 2012.

Membership is for the calendar year. Membership applications dated through September remain in effect until the end of the year. Applications dated October thru December remain in effect through the following year.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT IN CONSIDERATION of being permitted to participate in any way in Caloosa Riders (Club) sponsored Bicycling Activities (Activity) I 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 Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISK 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 League of American Bicyclists, their respective administrators, directors, agents, officers, volunteers, and employees, and 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 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 a claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTANDING 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. This agreement remains in effect for all future renewals.

Primary Member's Signature _____ Date: _____

Spouse or additional member's Signature: _____ Date: _____

(Required for family membership only)

Attach minor release form for children to be included with membership.

Family members under the age of 18 require a minor release form signed by a parent/guardian. Contact membership for form or download from www.caloosariders.org

Mail application with check to: Caloosa Riders, P.O. Box 870, Fort Myers, FL 33902