

Smoky Mountain Bicycle Club

Membership Application
Make Check Payable to Smoky Mountain Wheelmen Bicycle Club Mail to PO Box 31497, Knoxville, TN 37930-1497

New Member

Renewal

http://www.smwbikeclub.org

Name	Email		Date of Birth	
As almost all communications	from SMW Bike Club will be by email	I, it's important to pro	vide a valid email.	
Street/Box #	City	State _	Zip	
Telephone				
Spouse/ SO	Email		_ Date of Birth	
Child	Email		_ Date of Birth	
Child	Email		_ Date of Birth	
Child	Email		_ Date of Birth	
Child	Email		_ Date of Birth	
In Case of Emergency Name (ICE)		ICE Telephone		
In consideration of my membership, I agree n liable for any injury or damages however caus agree to obey all applicable bicycle laws and	sed, which may result from participation in			
Volunteers are essential for the success of ouvarious activities.	r bicycle club. It is important that you are	willing to donate a few l	nours during the year to help or	
Signature		Date		
Is it ok to publish your email address on the w	rebsite for other members to contact you?	Yes	No	
Membership Dues are \$25 dollars for Individu	al and \$30 dollars for family	Paid \$25	Paid \$30	

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement") for LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

(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 <u>Smoky Mountain Wheelmen Bicycle Club</u> ("SMW") 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 **SMW**, 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 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): _____

TELEPHONE:

PARTICIPANT'S SIGNATURE (only if age 18 or over):

ADDRESS:			
(Street)	(City)	(State)	(Zip)
TELEPHONE:	DATE:		
	MINOR RELEASE		
	(complete for Participants Under the Age of 18)		
CAPABILITIES AND BELIEVE THE MINOR TO BE OF HEREBY RELEASE, DISCHARGE, COVENANT NOT LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAN NEGLIGENCE OF THE "RELEASEES" OR OTHERWING, THE MINOR, OR ANYONE ON THE MINOR'S BEH	GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOL MAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGE INCLUDING NEGLIGENT RESCUE OPERATIONS AND IALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABI	L CONDITION TO PARTICIPATE IN LD HARMLESS EACH OF THE RELE ED TO BE CAUSED IN WHOLE OR FURTHER AGREE THAT IF, DESPIT NAMED ABOVE, I WILL INDEMNIFY,	SUCH ACTIVITY. I ASEES FROM ALL IN PART BY THE TE THIS RELEASE, SAVE, AND HOLD
MINOR'S NAME (PRINTED):	BIR	RTH DATE OF MINOR:	
SIGNATURE OF MINOR PARTICIPANT			
PARENT/GUARDIAN NAME (PRINTED): _			
PARENT/GUARDIAN NAME SIGNATURE	(only if participant is under the age of 18):		
ADDRESS:			
(Street)	(City)	(State)	(Zip)

DATE: