

## Southern Connecticut Cycle Club Membership Application, Renewal, and Personal Information Change Form

The Club's membership year runs from January 1 to December 31. If you join on or after October 1, your membership carries over through the next full year. Please complete and return this form, along with your check made out to Southern Connecticut Cycle Club, to the club at P.O. Box 51, New Haven, CT 06501-0051.

## Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**In consideration** of my application for membership in the Southern Connecticut Cycle Club ("SCCC") and being permitted to participate in SCCC sponsored bicycling, hiking or other club events ("Events"), I for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. **Acknowledge**, **agree**, **and represent** that I understand the nature of bicycling, hiking or other club Event, and that I am qualified to participate in such Events. I further acknowledge that the Event will be conducted over public roads and facilities open to the public during the Event and upon which the hazards of traveling are to be expected. I further agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Event.
- 2. **Fully understand that**: (a) Bicycling, hiking or other Events 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 Event, the condition in which the Event takes place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses 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, or that of the minor, in the Event.
- 3. Hereby release, discharge, covenant not to sue, and agree to indemnify and save hold harmless the SCCC, its respective administrators, directors, agents, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the Event 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 operation.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without 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. **Parent or Guardian of a Minor:** I, as parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in the Event, and further agree, individually and on behalf of my child or ward, to the above terms.

| Member Signature:                         |                              | Date:                     | ·                       |
|---|------------------------------|---------------------------|-------------------------|
| Parent Signature (if member is under 18): |                              | Date:                     | ·                       |
| Type of Membership: Individual e          | -mail only (\$20) Hou        | sehold e-mail only (\$35) |                         |
| Amount Enclosed: \$                       | Туре:                        | New Renewal               | Information Change only |
| Name:                                     | E-mail:                      |                           | Phone (home / cell):    |
| Street:                                   | City:                        |                           | State: Zip:             |
| Additional Household                      |                              |                           |                         |
| Member - Name:                            | Signati                      | ure:                      | Date:                   |
| I can help with: Leading Rides            | Leading Hikes                | _ Cross Country Skiing    | Holiday Party           |
| SCCC Century                              | Summer Picnic                | Other Special Events      | Newsletter              |
| Include my name, e-mail address, and tov  | wn on a list available to cl | lub members only:         | Yes No                  |



Make checks payable to SCCC and mail entire form along with check to: SCCC, P.O. Box 51, New Haven, CT 06501-0051