

**FREMONT Flatlanders Bicycle Club MEMBERSHIP
APPLICATION**

Come Ride with the Flatlanders

The Flatlanders Bicycle Club was created in the spring of 1998. The club's purpose is to promote bicycling and bike safety for all levels and abilities of riders. It is a non-profit group, which supports the local rails to trails project and other community activities. The club has a monthly calendar with rides from March to November and other special rides and events throughout the year. Come ride with the Flatlanders and experience some of the best cycling roads in Northwest Ohio. You'll be glad you did!

(Check one) Single Membership \$7.00 _____ Family \$12.00 _____

NAME _____ Age _____ **(Enter age if under 18)**

NAME _____ Age _____

NAME _____ Age _____

NAME _____ Age _____

NAME _____ Age _____

Address: _____ E-Mail: _____

_____ Phone _____

WAIVER : Adults must sign this waiver; parents or guardian must sign for minor.

I, the undersigned, during my entire membership and /or participation in any single event, program or ride with the Fremont Flatlanders Bicycle Club, hereby release and agree to indemnify the Fremont Flatlanders Bicycle Club, its successors and assigns, organizers, all officers, members, agents, and sponsors, singly and collectively, from any and all misadventure or inconvenience occurring to either myself or the named minor (person under 18 years of age) during any and all of the Fremont Flatlanders Bicycle Club functions.

I hereby consent to and permit emergency treatment in the event of injury or illness and disclaim in like manner any liability accordingly.

I shall obey the traffic laws and regulations of the State of Ohio, will practice courtesy and safety at all times, and will abide by the regulations and the bylaws of the Fremont Flatlanders Bicycle Club.

A bicycle helmet is required during all of the Fremont Flatlanders Bicycle Club rides.

I HAVE READ THE ABOVE RELEASE AND INDEMNIFICATION AND UNDERSTAND ITS INTENT AND I VOLUNTARILY EXECUTE THIS RELEASE AND INDEMNIFICATION AGREEMENT FOR MYSELF. IN THE EVENT A PERSON IS UNDER 18 YEARS OF AGE, I HEREBY EXECUTE THIS AGREEMENT ON BEHALF OF MY CHILD OR WARD AND MY SIGNATURE SHALL BE CONSIDERED MY PERMISSION OF PARTICIPATION.

SIGNATURE _____ DATE _____

Mail to: Flatlanders Bicycle Club

P.O. Box 134

Fremont, Ohio 43420

Call Fremont Cycle and Fitness at 332-4481

Contact the Flatlanders Bicycle Club via e-mail at flatlandersbikeclub@yahoo.com

Read and sign the following waiver from the League of American Bicyclists

**LEAGUE OF AMERICAN WHEELMAN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB")
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT
AGREEMENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in FLATLANDER BICYCLE 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 or that of the minor 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 the result of such claim.

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 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.

PRINTED NAME OF PARTICIPANT: _____

ADDRESS: _____
(Street) (City) (State) (ZIP)

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

DATE: _____

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (ZIP)

PHONE: _____

PARENT/GUARDIAN, SIGNATURE (only if participant is under the age of 18): _____

DATE: _____