

MEMBERSHIP APPLICATION FOR THE GAINESVILLE CYCLING CLUB, INC.

For full information about the club, check out <http://gccfla.org/>

Print Clearly!

NAME _____

ADDRESS _____

CITY, STATE _____

ZIP _____

DATE OF BIRTH _____

PHONE _____ CELL _____

EMAIL ADDRESS _____

Check here if you do **NOT** want to receive club ride announcements and event information via email (GCCMail@gccfla.org)

The GCC is an all volunteer club. Which activities will you consider participating in?

- Leading rides
- Adopt-A-Road cleanups
- Helping write the newsletter
- Helping address and mail the newsletter
- Non-cycling jobs at club events (registration, sag wagon, etc.)
- Artwork, graphics
- Club leadership position (Committees, President, VP, Secretary, Treasurer)
- Organizing, hosting, or helping with parties
- Any other area where I can help

AFFILIATIONS:

- League of American Bicyclists
- Florida Bicycle Association
- Adventure Cycling Association
- Ultra Marathon Cycling Association
- Rails To Trails Conservancy
- I have a "Share The Road" tag on my car
- IMBA
- USCF
- RUSA

Rev November 16, 2005



When riding with a group, how fast do you prefer to go on flat terrain? (Typically, A Riders average 19-21 mph, Gliders 18-19, High Bees 16-18, LoBees 15-16, Strays 13-15, Pedalers 12-14, and EZ Riders 10-12) Specify a mph range (for example 13-16): _____

How far do you prefer to ride on weekend group rides? Specify a mileage range (for example 15-30 miles): _____

I ride primarily on the road off road on paved trails

Check here to have your name *withheld* when the club distributes its membership list for use by other organizations, such as TOSRV South and the League of American Bicyclists

Check here to have your address and phone number *withheld* when the club distributes its membership list to club members (for personal, non-commercial use only).

MEMBERSHIP DUES

SIGN ME UP FOR _____ YEARS.

Enclosed:
\$ _____

SELECT ONE:

- INDIVIDUAL MEMBER
\$15 ONE YEAR, add \$12 for each additional year
- FAMILY MEMBERSHIP
\$20 ONE YEAR, add \$15 for each additional year
- FULL TIME STUDENT
\$10 LIMITED TO ONE YEAR

OR

ADD ME TO THE FAMILY MEMBERSHIP OF _____

YOU MUST SIGN THE RELEASE ON THE BACK TO COMPLETE THE APPLICATION.

MAIL THIS FORM TO:

GAINESVILLE CYCLING CLUB
MEMBERSHIP SECRETARY
5015 NW 19th PLACE
GAINESVILLE FL 32605

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 Gainesville Cycling Club ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, 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 travelling are to be expected. I further agree and warrant that 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, 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 EXTEND 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: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): I HAVE READ THIS RELEASE

DATE: _____

***** Fill out the following section only if the applicant is a minor *****

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 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): I HAVE READ THIS RELEASE

DATE: _____

Signing the release provides you with primary liability and secondary medical insurance coverage.

PLEASE TELL US HOW YOU GOT THIS APPLICATION: By mail From a friend
 From a bike shop (which): _____ Other
HOW DID YOU HEAR ABOUT THE GCC? _____