



Type of Membership: _____ Individual (\$20.00) _____ Family (\$30.00)

Discipline: Road _____ Mtn. _____ BMX _____ Cyclocross _____ Other _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell: _____

Birthday: _____ Are you under 18 yrs old? _____

Waiver / Release

I acknowledge that cycling is an inherently dangerous sport and fully realize the dangers of participating in a bicycle ride and fully assume the risks associated with such participation including by way of example, and not limitation, the following: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, the releasees' own negligence, and weather conditions; and the possibility of physical injury, serious physical injury, mental trauma and death associated with athletic cycling.

I hereby assume all of the risks of participating and/or volunteering in any Club activity. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in these events and have not been advised otherwise by a qualified medical person. I acknowledge that this accident waiver and release of liability form will be used by the Club, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in the Club's events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows:

A: Waiver, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from any Club event, the Old Tascosa Cycling Club (Club), its officers and members, the following entities or persons: Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials.

B: Indemnify and hold harmless the entities or persons mentioned in the above paragraph from any and all liabilities or claims made by other individuals or entities as a result of any actions during these events.

Continued on next page.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during these events.

This document shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its contents.

Signature of Member and Date:

X _____ Date: _____

Consent and Release of Parent or Guardian of Minor (under 18 yrs)

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is, in fact acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Printed name of parent or guardian of minor:

x _____

Signature of parent or guardian of minor:

X _____

Date: _____

Please mail this form and enclose payment to:

Old Tascosa Cycling Club
2607 Wolflin #122
Amarillo, TX 79109

Once we receive your payment, our membership director will contact you and make arrangements so that you may receive your member benefits package and membership card.

For Office use only *****			
Type of Membership	_____ Individual (\$20.00)	_____ Family(\$30.00)	Exp date _____
Member's Names if Family	_____		
Date Paid:	_____	Type of Payment:	_____ Cash _____ Check Ck # _____