BEND BELLA CYCLISTS
Membership / Waiver 2020

NAME: _____ **PHONE:** _____

EMAIL: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____ **PHONE:** _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that bicycling is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event/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 the event/activity 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 event/activity holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events/activities. In consideration of my application and permitting me to participate in this event/activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, 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 including my traveling to and from this event/activity, BEND BELLA CYCLISTS, their directors, officers, employees, volunteers, representatives, and agents, the event/activity holders, event/activity sponsors, event/activity volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event/activity, whether cause by the negligence of releases or otherwise.

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

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event/activity holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability 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 content.

_____ ____ _____ _____
Print Participant's Name Age Signature Date

If under 18 years old, parent or guardian must also sign: _____ _____
Signature Date

Return application with dues check* to: Bend Bella Cyclists, c/o Moe Slater, 61845 Red Meadow Ct., Bend OR 97702
* **Dues $30** (January 1st to December 31st)
For more information: www.bendbellacyclists.org or bendbellacyclists@gmail.com.