BEND BELLA CYCLISTS
Membership / Waiver 2023

NAME: _____ **PHONE:** _____

EMAIL: _____

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

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

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I understand that there are inherent risks associated with athletic activities including risk of injury (which could be permanent or fatal); exposure to pathogens from contact with other attendees; and accident due to negligence or intentional wrongdoing either on the part of others or myself. Despite these risks, I voluntarily have chosen to participate in the BEND BELLA CYCLISTS activities and do hereby release and hold harmless BEND BELLA CYCLISTS, its officers, directors, organizers, volunteers, participants and members, from responsibility or liability for any injury, illness, accident, property damage, or other harm caused by the negligence of any individuals, including myself, associated with BEND BELLA CYCLISTS in any manner and to the maximum extent permitted by law.

I hereby assume all of the risks of participating and/or volunteering in this event/activity. 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.

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 officers, directors, organizers, volunteers, participants and members; (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.

I hereby certify that I have read this document; and I understand its content.

_____ ____ _____ _____
Print Participant's Name Age 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.