



# MEMBERSHIP APPLICATION

**Becoming a Pella Cycling Club member is as easy as 1-2-3-4**

Fill out the information form

Make out check for the appropriate fee

Read and sign the Waiver

Send all three items to:

Memberships are for the calendar year (January to December). Memberships/dues received after August 1<sup>st</sup> are valid for the following year. Forms can be found on the website.

Corrine Verschuure  
1 Lincoln  
Pella, IA 50219  
Ph: 641-628-1562

## INFORMATION

**Single Membership** (\$20/yr.)

or

**Family Membership** (\$25/yr.)

(List additional family members)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

**READ and SIGN the Waiver form.**

**A Waiver must be completed for each person.**

**Include CHECK for appropriate amount : (Single Membership \$20 Family \$25)**

Make check out to "Pella Cycling Club"

**SEND all three items to Corrine Verschuure at address above.**



## **LEAGUE OF AMERICAN WHEELMAN (“LAW”) RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT**

IN CONSIDERATION, of being permitted to participate in any way in Pella Cycling Club (“Club”) sponsored activities 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 such Activity and upon which 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. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUSLY BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b), these Risks and dangers may be caused by my actions or inactions, the actions or inactions of other participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES, AN NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not know to me or not really foreseeable at this time; and I FULLY ACCEPT ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity.
2. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, the Club the LAW, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OF 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 IDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
3. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED TI 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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Parent or Guardian sign if under age 18)

**PRINTED NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_