

Green Valley Cyclists

Club Application and Waiver Form

Helmets are Mandatory on all Rides

Green Valley Cyclists is a group of individuals who enjoy touring, commuting, racing, and recreational cycling in and around the Las Vegas area. Our goal is to promote cycling in all its forms throughout the Las Vegas community for fitness, friendly competition, and most of all fun!

The best thing about joining our email list or visiting our website is that it is *FREE!* Becoming a club member, however, enables you to share thoughts with other members, participate in our local cycling events, get discounts at selected local bike shops, and help educate the local community about the benefits of cycling as a sport and alternate means of transportation.

Signing up for our email list is easy:

1. Send an email to the following address: GVCC-subscribe@yahoogroups.com
2. You can read messages at this address: <http://sports.groups.yahoo.com/group/GVCC>
3. Our home website address: <http://www.greenvalleycyclists.org/>
4. Other questions email Sandy: svpuy@yahoo.com

Date	Home Phone#	Cell Phone#
Name(s)		
Address		
City	State	Zip
Email address		
Emergency Contact		Emergency Phone#
Types of Cycling I like Road <input type="checkbox"/> Mountain <input type="checkbox"/> Touring <input type="checkbox"/> Ultra Distance <input type="checkbox"/>		
We welcome your help in the following areas: (please check any you can help us with) Ride Leader <input type="checkbox"/> Ride Sweeper <input type="checkbox"/> Publicity <input type="checkbox"/> Newsletter <input type="checkbox"/> Membership Coordinator <input type="checkbox"/> Other <input type="checkbox"/> Board member <input type="checkbox"/>		
What is your longest ride? _____ How many miles do you typically ride in a week? _____		
Have you ever done any group riding? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you comfortable riding in traffic? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you completed a cycling safety class? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you change a flat tire? Yes <input type="checkbox"/> No <input type="checkbox"/>

Yearly Dues, Please check one

Student \$10 <input type="checkbox"/>	Individual \$15 <input type="checkbox"/>	Family (2 riders) \$20 + \$5 Each Add'l rider <input type="checkbox"/>
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GREEN VALLEY CYCLISTS, INC Membership Form LEAGUE OF AMERICAN WHEELMAN d/b/a LEAGUE OF AMERICAN BICYCLISTS (LAB) Release Form & Waiver of Liability, Assumption of Risk and Indemnity & Parental Consent Agreement.

IN CONSIDERATION of being permitted to participate in any way in GREEN VALLEY CYCLISTS, INC'S Club sponsored Bicycling Activities ("Activity") 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 the Activity and upon which the 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. 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 the 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 or that of the minor in the Activity. 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE GREEN VALLEY CYCLISTS, INC, the L.A.B., 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 DEMANDS 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 any which may incur as the result of any such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT 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 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.

PRINTED NAME OF PARTICIPANT(S)

PARTICIPANTS SIGNATURE

(only if age 18 or over): _____

PRINTED NAME OF SPOUSE

(if applicable): _____

FOR ANY CHILDREN WHO ARE UNDER 18 YEARS OF AGE,

MINOR RELEASE AND PARENTAL CONSENT FORM

ALL MEMBERSHIPS ARE DUE FOR RENEWAL ONE YEAR ON THE FIRST OF THE MONTH UPON RECEIVING PAYMENT 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, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION 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 RELEASEES' FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINORS ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY 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 WHICH MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

FULL NAME OF MINOR PARTICIPANT: _____

FULL NAME OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____

Mail Application with Waiver to:
Green Valley Cyclists
241 White Knoll Ct
Henderson, NV 89074