



Chinook Cycling Club

Tri-Cities, WA

www.chinookcyclingclub.com



2012 CHINOOK CYCLING CLUB MEMBERSHIP APPLICATION (calendar year membership period)

Name: _____

Please list all names included in family membership: _____

Address: _____

City, St., Zip: _____

Phone: _____ E-mail: _____

Chinook Cycling Club does not share any of the above information outside the club.

To receive club emails you must be registered at www.chinookcyclingclub.com.

Interest(s): - MTB - Road - Cycle-cross: Racing - Touring - Other _____

Membership Options: (check only one, make checks payable to: Chinook Cycling Club)

_____ BASIC MEMBERSHIP - \$15.00 (For the general Chinook Club Membership)

_____ FAMILY MEMBERSHIP - \$20.00

_____ RACING MEMBER - \$25.00 (You intend to race USA Cycling / OBRA events and wear the Chinook Club jersey)

_____ RACING FAMILY - \$30.00 (You and one or more family members intend to race USA Cycling / OBRA)

Note: Chinook Club membership fee does not include USA Cycling / OBRA membership fees; or Chinook Event fees.

Waiver and Release: In consideration of the acceptance of my application for membership in Chinook Cycling Club, I hereby waive, release and discharge all claims for death, personal injury, or property damages which I may have or which may hereafter accrue to me as result of my participation in club activities. I realize that there are certain dangers inherent in the sport of cycling, and I assume the risk of injuries that may result from those dangers, including mortal and or serious bodily injury. This release is intended to discharge the Chinook Cycling Club, the USA Cycling / OBRA, the Club's sponsors and agents from and against any and all liability arising out of or connected in any way with my membership in the Club, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. This waiver and release shall be binding on my heirs and assigns. I also hereby agree to wear an ANSI and or SNELL approved helmet when participating in any club cycling activity to include, but not limited to club rides, races and tours.

Signature: _____

Date: _____

Form prints onto an 8.5" x 11" sheet of paper. Please print and fill out the 2012 Non-Competitive Event Waiver and attach with this form. Make checks payable to: "Chinook Cycling Club", and mail to:

Chinook Cycling Club
2120 Hamilton Ave
Richland, WA 99354

CHINOOK CYCLING CLUB, INC.

2012

WAIVER AND RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the CHINOOK CYCLING CLUB, INC. program, its related events and activities, I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CHINOOK CYCLING CLUB, INC., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for this activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

Emergency Contact: NAME _____ PHONE: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____

PARENT/GUARDIAN'S SIGNATURE (print name)