



www.hiawathabike.org

HIAWATHA BICYCLING CLUB

P O Box 24920 Minneapolis, MN 55424-0920

MEMBERSHIP APPLICATION

Please complete the form below to join the Hiawatha Bicycling Club. List all members of your household (including minors) who will ride with HBC. All persons listed must sign the attached Release of Liability form.

New Membership **Renewal**
Individual \$25 **Household \$35**

	NAME (Print Clearly)	Birth Year*	Sex
1)	_____	_____	M F
2)	_____	_____	M F
3)	_____	_____	M F
4)	_____	_____	M F

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact Name: _____ Phone _____

Spoke-N-Wheel Newsletter should be: **E-Mailed** **Snail Mailed**
(If E-Mailed, can be to more than one e-mail address)

Please send me an invitation to join E-Groups: **Yes,** **No**
(Inter-club communication – NO SPAM)

- Birth Year is an insurance requirement. Please don't make us guess your age.

Make your check payable to: **Hiawatha Bicycling Club, or HBC**
Include this application form and the check, and **SIGNED AND DATED**
Release of Liability form, and mail to: **P O Box 24920 Minneapolis, MN 55424-0920**

Questions? Contact HBC Membership at: membership@hiawathabike.org
Or, Dan Robinson @ 952-892-0416

**Hiawatha Bicycling Club Release and Waiver of Liability, Assumption of Risk, Indemnity,
And Parental Consent Agreement (AGREEMENT) for**

**League of American Wheelman D/B/A League of American Bicyclists (LAB)
*(this for is to only be used for Individual Adults or for Adults on behalf of Minors)***

IN CONSIDERATION of being permitted to participate in any way in Hiawatha Bicycling Club (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 conditions in which the Activity takes place, or THE NEGLIGENCE OF THE (RELEASEES) NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, the Club, the LAB, it's respective administrators, directors, agents, officers, members, 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 DAMAGES 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 which may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S NAME (PRINT): _____ DATE: _____

PARTICIPANTS SIGNATURE (AGE 18 OR OVER): X _____

I HAVE READ THIS RELEASE ___

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: (_____) _____

**MINOR RELEASE
(Complete for Participants Under the Age of 18)**

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 MINOR'S 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 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 MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

MINOR'S NAME (PRINTED): _____ BIRTH DATE OF MINOR: _____

SIGNATURE OF MINOR PARTICIPANT X _____

I HAVE READ THIS RELEASE

PARENT/GUARDIAN NAME (PRINTED): _____

PARENT/GUARDIAN SIGNATURE (ONLY IF MINOR PARTICIPANT IS UNDER 18): X _____

I HAVE READ THIS RELEASE

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: (_____) _____ DATE: _____