

**SKYLINE CYCLING CLUB  
APPLICATION FOR MEMBERSHIP**

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ WORK PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL \_\_\_\_\_

Yes, please add me to the Skyline Yahoogrup E-list using this email address \_\_\_\_\_

**READ AND SIGN THE FOLLOWING RELEASE OF LIABILITY AGREEMENT**

**LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB")  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT  
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in the **Skyline Cycling 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 travelling are to be expected. I further agree and warrant that if at any time that 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 DANGER 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 this 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 in the **Activity**.

3. HERBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, 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 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 result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature or  
Parent Signature (if applicant is under 18)

\_\_\_\_\_  
Date

You must be 18 years old or older, or be accompanied by a parent or guardian, to ride with the Skyline Cycling Club.

Enclosed is my check in the amount of \$ \_\_\_\_\_

NEW MEMBERSHIP

RENEWAL

PHONE/ADDRESS CHANGE

Send to: Skyline Cycling Club  
P. O. Box 60176  
Sunnyvale, CA 94088

Single Dues: \$14.00  
Couple Dues: \$20.00  
Full-time College Student: \$8.00