



Space City Cycling Club Membership Application

Original
 Renewal

First Name		Last Name	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to share		Date of Birth (MM/DD/YYYY)	
Street address		City	State
Email	Phone		ZIP

League Of American Bicyclists (LAB) Release And Waiver Of Liability, Assumption Of Risk, Indemnity Agreement

IN CONSIDERATION of being permitted to participate in any way in SPACE CITY CYCLING CLUB sponsored Bicycling Activities ("Activity") 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 to participate in such Activity. I fully 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 fully agree and represent that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in this Activity.

2. FULLY UNDERSTAND THAT (A) BICYCLING ACTIVITIES INVOLVES RISK 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 "RELEASES" 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 incur as a result of my participation in this Activity.

3. HEREBY RELEASE DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the CLUB, the LAB, their respective administrators, directors, agents and employees, other participants, any sponsors, advertisers, and, if applicable, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it and I 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 (MM/DD/YYYY)
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Parent/Guardian signature is required for persons under 18 years of age.

Submit to Bike Barn Clear Lake or mail to 14917 El Camino Real, PO Box 89067, Houston, TX along with \$30 membership fee. Visit <https://spacecitycycling.club/> for more information about our Club.

