Daytona Beach Bicycle Club
Membership Application
www.daytonabikeclub.com

- - - Please Print - - -

Name:_____

Address:_____

City:_____**State:**_____**Zip:**_____

Phone:(_____)_____ **Cell:(_____)**_____
Emergency contact &
Ph.#:_____**(_____)**_____

E-Mail_____

Brand of bicycle you ride:_____

Name of bike shop you use:_____

Do you wish to have your phone and e-mail information appear on the club web site "member list" so that members can contact you? --- Yes (___) No (___)

Dues and yearly renewals: $15 per year per person due 1 January every year.
(Dues not prorated.)

Send application and checks to:
Daytona Beach Bicycle Club
Keith Henry, Treasurer
116 Loon Court
Daytona Beach, FL 32119

I understand that the Daytona Beach Bicycle Club are not insurers of my personal safety or liability during any Daytona Bicycle Club ride or event. I thus release them and agree to hold them harmless for any and all liability resulting from my participation. I consent to permit emergency medical treatments as needed. I further agree to follow all applicable traffic laws, conduct myself in a safe and prudent manner, wear a helmet, and not use headphones while riding.
[You will need to sign another release of liability ASAP to be held on file. Please see page 2 of this document.]

Signature_____ **Date**_____
Revised:7/17/11

DAYTONA BEACH BICYCLE CLUB

ROAD RIDE ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the person or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, the DAYTONA BEACH BICYCLE CLUB, its directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and that I understand its content.

_____	_____	_____	_____
Print Participant's Name	Age	Signature (If under 18 years old, Parent or Guardian must also sign)	Date

PARENT OR GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, lost, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent or legal guardian.

_____	_____	_____	_____
Print Participant's Name	Age	Signature of Parent or Guardian	Date