

**SILVER WHEELS CYCLING CLUB, INC. MEMBERSHIP APPLICATION AND RENEWAL FORM**  
 The Silver Wheels Cycling Club membership year runs from March 1 - February 28

**Please check type of membership:**       New       Renewal  
 Individual (\$20.00)  
 Family/Household at same address (\$30.00)  
 Life Membership (Individual \$300.00    Family /Household \$450.00)

List each person registering under this membership. Please print.

Name	Sex	Age (optional)	E-Mail Address	Cell Phone (optional)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Your Riding Style:** Check style(s) that apply to you (speed is overall average riding speed of entire ride, not the maximum speed)  
 Easy Rider. Slower pace (6-11 mph) trails or flat roads, very little traffic, few hills - no big ones (distance 3-15+ miles)  
 Recreational Rider. Moderate pace (11-15 mph) Any terrain but might walk big hills (distance 10-50+miles)  
 Energetic Rider. Moderately fast pace (15-18+ mph) Any terrain including hills, longer distances (distance 25-100+ miles)

<p><b>Cycling Interests:</b> Check all that apply.</p> <input type="checkbox"/> Just want to ride <input type="checkbox"/> Cycling and safety education <input type="checkbox"/> Advocacy and promoting cycling <input type="checkbox"/> Rides on trails in other areas <input type="checkbox"/> Overnight trips <input type="checkbox"/> Touring within Ohio <input type="checkbox"/> Rides with camping <input type="checkbox"/> Out of state trips	<p><b>Best Time for You To Ride:</b> Check all that apply.</p> <input type="checkbox"/> Any time <input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekday afternoons <input type="checkbox"/> Weekday evenings <input type="checkbox"/> Saturday morning <input type="checkbox"/> Saturday afternoon <input type="checkbox"/> Sunday morning <input type="checkbox"/> Sunday afternoon	<p><b>Opportunities for Involvement:</b>                  Check potential interests.  <input type="checkbox"/> Officer or board member  <input type="checkbox"/> Membership Committee  <input type="checkbox"/> Website Committee  <input type="checkbox"/> Ride Committee  <input type="checkbox"/> Ride Leader  <input type="checkbox"/> Club trash pick-ups  <input type="checkbox"/> Assist with club Dog Days Ride</p>
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**Each member or legal guardian is required to sign the following waiver:**

League of American Wheelmen d/b/a League of American Bicyclists ("LAB" GUEST & MINOR RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in Silver Wheels Cycling Club, Inc. ("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 condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMES 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 or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, their 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 any may incur as the 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.

**Participant's Signature (each participant age 18 or over must sign) I HAVE READ THIS RELEASE.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 Date \_\_\_\_\_  
 Date \_\_\_\_\_

**MINOR RELEASE (Parent/Guardian must read and sign if participant is 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 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.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
 I HAVE READ THIS RELEASE (Parent/guardian signature only if participant is under the age of 18)

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Dues Amount Enclosed \$ \_\_\_\_\_ Additional Contribution \$ \_\_\_\_\_ TOTAL Enclosed \$ \_\_\_\_\_

*Please make check payable and mail to Silver Wheels Cycling Club, Inc., PO Box 867, Elyria OH 44036*